

Willed Body Program
Alabama College of Osteopathic Medicine
445 Health Sciences Boulevard
Dothan, AL 36303
Phone: 334-589-0600
Fax: 334-305-1083
Email: willedbodyprogram@acom.edu



Willed Body Program Packet Instructions

Thank you for your interest in the Willed Body Program at the Alabama College of Osteopathic Medicine.

This application packet includes the following:

- Packet Instructions
- Donor Authorization Form
- Donor Statistical Information Form
- Coronavirus Questionnaire
- Medical History Questionnaire
- Donor Suitability Criteria Form
- Donation Usage and Interment Form
- Frequently Asked Questions (Retain for your records)

If, after reviewing the material, you would like to participate in this program, please complete the provided forms.

Submit the completed forms either by mail, email, or fax.

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Upon receipt, the submitted forms will be reviewed to determine eligibility. If eligible, a donor wallet card will be sent to you to confirm your participation in the program. Copies of the Donor Authorization Form will also be sent to you with a copy to keep for your records and a copy to give to your next-of-kin or executor or personal representative as notification of your wishes to be a donor.

If at any time updates to your personal information need to be made, please contact the Willed Body Program.

It is important to note that participation in this program is conditional. While every donation is considered a cherished gift, there are certain circumstances in which a donor may be deemed ineligible to participate in this program. Please review all of the documents in this packet carefully to ensure you are aware of the specific requirements necessary for being a donor in this program.

If you have any questions or concerns, contact the Willed Body Program.

Again, thank you for considering such a generous donation to medical education and research at the Alabama College of Osteopathic Medicine.

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Donor Authorization Form

Being of sound mind and legal age, it is my desire to bequeath my remains, if acceptable at the time of my death, to the Alabama College of Osteopathic Medicine for the advancement of medical education and research. I understand that acceptance of this body donation is not guaranteed and is contingent upon donor suitability criteria at death.

If this form or a copy thereof is found on my person or among my effects at the time of my death, I authorize and request any person attending or present at such time to request the attending physician or the physician certifying my death to notify the ACOM Willed Body Program for arranging transport of my unembalmed body by the funeral home serving the medical school. No autopsy should be performed. If death occurs within the servicing limits set forth, I understand that ACOM will bear all costs of transportation from the place of death to the medical school.

I direct my next-of-kin, executor or personal representative, or agency entitled to my body after death to cooperate with the Alabama College of Osteopathic Medicine to carry out my wishes in this donation as indicated on this form. Having read this donor form in full and understanding its content, I hereby sign it with two undersigned witnesses.

Donor Information*

Printed Name of Donor

Date

Legal Signature of Donor or Next-of-kin or Executor or Personal Representative

Telephone Number

Street Address

City

State

Zip Code

Witnesses' Attestation

We hereby subscribe our names as witnesses:

Printed Name of First Witness

Date

Legal Signature of First Witness

Telephone Number

Street Address

City

State

Zip Code

Printed Name of Second Witness

Date

Legal Signature of Second Witness

Telephone Number

Street Address

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Next-of-kin or Executor or Personal Representative Information

Printed Name of Next-of-kin or Executor or Personal Representative

Legal Signature of Next-of-kin or Executor or Personal Representative

Date

Street Address

City

State

Zip Code

Telephone Number

Email Address

Relationship to Donor

*In the event the donor is still living but is incapacitated, the next-of-kin or executor or personal representative may complete the appropriate information on behalf of the donor.

All enrollments forms **MUST** be completed, submitted, and approved in order for an individual to be eligible for the Willed Body Program. Each donor must be accepted to the program **PRIOR** to death. Post-mortem acceptance to the program is prohibited.

Notify the Willed Body Program (334-589-0600) within 8 hours of death to arrange transportation of the deceased. **Failure to notify the Willed Body Program within 8 hours will result in rejection of the body.**

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Donor Statistical Information Form

Full Name: _____
First Middle (Maiden) Last

Date of Birth: _____
Month Day Year

Social Security Number: _____ Sex: ☐ Male ☐ Female

Race: _____ Are you of Hispanic origin? ☐ Yes ☐ No
If yes, please specify (Cuban, Mexican, Puerto Rican, etc.): _____

Education (Highest grade of high school, and if applicable, number of years in college): _____

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No Branch: _____

City and State of Birth: _____

Present County and State of Residence: _____

Street Address, City, St, Zip Code (Alabama law requires a house number, street, or highway name on death certificate): _____

If you use a post office box for mailing purposes, please list this also: _____

Is this address within the city limits? ☐ Yes ☐ No

Occupation (list position/title even if you are now retired): _____

Name of business or industry where you are/were employed for the majority of your working years: _____

Marital Status: ☐ Never married ☐ Married ☐ Divorced ☐ Widowed

If married, give spouse's full name (please list wife's maiden name):

Parents' full names (please complete even if parents are deceased):

Father: _____
First Middle Last

Mother: _____
First Middle (Maiden) Last

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Coronavirus Questionnaire

Due to the Coronavirus (COVID-19) pandemic, the Willed Body Program at the Alabama College of Osteopathic Medicine requires additional information regarding the potential donor's exposure to this illness.

Answer all questions to the best of your knowledge. Please elaborate when applicable.

Donor name: _____
Person completing form: _____
Relationship to Donor: _____

Has he/she ever tested positive for the coronavirus? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she ever been hospitalized due to the coronavirus? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she received the coronavirus vaccination? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No

When the Willed Body Program is notified about the death of a donor, the following questions will be asked. The Alabama College of Osteopathic Medicine reserves the right to reject any donor at the time of death based on the responses to these questions. If a donor is rejected at the time of death, the Next-of-kin, Executor, or Personal Representative is responsible for alternate end of life arrangements.

- Within 30 days of death, had the potential donor been tested for the coronavirus?
- Within 30 days of death, did the potential donor test positive for the coronavirus?
- Within 30 days of death, did the potential donor come in close contact with anyone who had tested positive for the coronavirus?
- Within 30 days of death, did the potential donor travel? If yes, to what location?
- Within 30 days of death, did the potential donor come in close contact with anyone who had traveled? If yes, to what location?
- Within 30 days of death, did the potential donor experience any symptoms of cough, fever, or respiratory illnesses?

I understand that potential donors who are positive for the coronavirus, who have potentially been exposed to the coronavirus, or who display symptoms of the coronavirus at the time of death will be rejected to the Willed Body Program at the Alabama College of Osteopathic Medicine.

Printed Name of Donor or Next-of-kin or Executor or Personal Representative

Legal Signature of Donor or Next-of-kin or Executor or Personal Representative

Date



Medical History Questionnaire Form

Answer all questions to the best of your knowledge. Please elaborate when applicable.

Donor name: _____
 Person completing form: _____
 Relationship to Donor: _____

Do you feel you know the Donor well enough to answer questions regarding his/her medical history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight of Donor:	lbs
Height of Donor:	ft in
Has he/she been treated by a physician in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she been hospitalized in the past two years? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have any serious illnesses or infections in the past? If yes, what type and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have any surgical procedures in the past? If yes, what type and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she ever been diagnosed with the following contagious illnesses: HIV or AIDS Hepatitis B or C Tuberculosis Coronavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she ever use non-prescribed drugs or other illegal substances? If yes, what type, amount used, when, and route of usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she ever drink alcoholic beverages? If yes, what type, amount, and length used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she ever use tobacco products? If yes, what amount and length used?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Did he/she ever receive blood transfusions or blood products? If yes, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was he/she ever refused as a blood donor? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, did he/she have any of the following: Tattoo Ear/Body piercing Acupuncture Accidental needle stick	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Was he/she vaccinated or immunized for any reason in the past year? If yes, what type and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was he/she vaccinated for Hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have any history of the following: Heart disease High blood pressure Chest pain Varicose veins or poor circulation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have any kidney related diseases or dialysis treatments? If yes, what type, when, and how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have a history of diabetes? If yes, when and how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she ever been diagnosed with any type of autoimmune disease? If yes, what type, when, and type of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have a history of the following: Digestive or intestinal problems If yes, what type, how long, and type of treatment? Bloody stools C. Difficile Recent weight loss If yes, how much? Colectomy or colon resection surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



Has he/she ever had cancer? If yes, what type, when, and type of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have a medical diagnosis of the following: Osteoporosis Arthritis Severe contractures Broken bones If yes, when and location of break?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have a history of skin infections such as leprosy, eczema, dermatitis, psoriasis, or inflammatory skin disease? If yes, what type, location, when, and type of treatment? Did he/she have a history of the following: MRSA Staph infection Open wounds If yes, what type, when, and type of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, has he/she ever been treated for any sexually transmitted diseases such as syphilis, gonorrhea, genital herpes, or venereal warts? If yes, what type, when, and type of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has he/she ever been incarcerated for an extended period of time? If yes, when and how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Female Donors Only Has she ever had any of the following: Hysterectomy Tubal ligation Caesarean section Bladder surgery	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she have a history of diseases, infections, or surgeries involving the eyes such as glaucoma, cataracts, corneal disease, refractive surgery, and/or laser surgery? If yes, what type, how long, type of treatment, and reason for surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>Did he/she suffer from any of the following types of neurological or brain diseases:</p> <p>Meningitis</p> <p>Alzheimer's or dementia</p> <p>Encephalitis</p> <p>Parkinson's</p> <p>Degenerative neurological disease</p> <p>Multiple sclerosis</p> <p>ALS (Lou Gehrig's Disease)</p> <p>Brain tumor</p> <p>Seizures</p> <p>Creutzfeldt-Jakob Disease</p> <p>Mad Cow Disease</p> <p>Periods of confusion, memory loss, or hallucinations</p> <p>Unsteady walking or visual changes</p> <p>Clinical depression</p> <p>Bipolar disorder</p> <p>Schizophrenia or psychosis</p> <p>ADD or ADHD</p> <p>Ever treated in a psychiatric facility in the past two years</p> <p>If yes, please provide additional comments.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did he/she take any prescription medications?</p> <p>If yes, what type? (If additional space is needed, utilize the back of this form.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has he/she had any medical procedures involving radioactivity or radioactive seeds?</p> <p>If yes, what procedures?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The Alabama College of Osteopathic Medicine will use the information provided in this questionnaire for educational and research purposes only. (Donor identity will remain anonymous.) Completion of this questionnaire gives the Alabama College of Osteopathic Medicine Willed Body Program permission to access the medical records of the donor if deemed necessary.</p> <p>_____ Printed Name of Donor or Next-of-kin or Executor or Personal Representative</p> <p>_____ Legal Signature of Donor or Next-of-kin or Executor or Personal Representative</p> <p>_____ Date</p>	

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Donor Suitability Criteria

Donations gifted to the Alabama College of Osteopathic Medicine Willed Body Program are used for medical education and research. It is important to ensure that the donations received provide the maximum educational benefit while minimizing exposure of our students, faculty, and staff to unnecessary risks. If a potential donor has any of the following medical conditions at the time of death, he/she could be deemed unsuitable to donate to the program. Donor eligibility is evaluated on a case by case basis. Donor acceptance to the program is conditional based on the information provided at the time of enrollment. Donor suitability will be confirmed at the time of death. The Next-of-kin, Executor, or Personal Representative will be responsible for alternate end of life arrangements if a donor is rejected at the time of death.

- | | |
|--|-----------------------------------|
| ▪ HIV/AIDS | ▪ Coronavirus |
| ▪ Hepatitis | ▪ C-Diff |
| ▪ Tuberculosis | ▪ Meningitis |
| ▪ Prion diseases (e.g., Creutzfeldt-Jakob) | ▪ Open wounds (stage 3/stage 4) |
| ▪ Jaundice | ▪ Severe contractures |
| ▪ MRSA, Staph, VRE infections (active) | ▪ Morbid obesity |
| ▪ Shingles (active) | ▪ Emaciation |
| ▪ STDs (active infections) | ▪ Massive trauma |
| ▪ Syphilis | (This list is not all inclusive.) |

I understand that acceptance to the Willed Body Program at the Alabama College of Osteopathic Medicine is conditional. Suitability for donating to the program will be evaluated at death. If my donation is rejected, the Next-of-kin, Executor, or Personal Representative will be responsible for alternate end of life arrangements.

Printed Name of Donor or Next-of-kin or Executor or Personal Representative

Legal Signature of Donor or Next-of-kin or Executor or Personal Representative

Date

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Donation Usage and Interment Form

Anatomical donations gifted to the Alabama College of Osteopathic Medicine Willed Body Program are used for educational and research purposes only. The duration of usage of the donation and the interment of the cremains are determined by responses provided to the questions below.

<p>Each whole body donation will minimally be utilized for the duration of the study period which could be up to three years prior to interment.</p> <p>Will you allow the Alabama College of Osteopathic Medicine to utilize your donation for long term use beyond the standard study period? (Cremains will not be returned until the extended study period is concluded.)</p> <p>Will you allow the Alabama College of Osteopathic Medicine to permanently retain portions of your donation for educational purposes? (Cremains will exclude these permanent donations.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Will you allow your donation to be used for medical research? (Cremains may exclude portions of the donation used for research.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Will you allow your donation to be utilized by another approved medical education institution other than the Alabama College of Osteopathic Medicine that does not have its own donation program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Remains of anatomical donations are cremated. I appoint the Alabama College of Osteopathic Medicine to act as Authorizing Agent under Alabama law to authorize such cremation.</p> <p>Would you like the cremains returned to the Next-of-kin or Executor or Personal Representative? <u>OR</u> Would you like the cremains placed in a designated memorial location chosen by the Alabama College of Osteopathic Medicine?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Each year a memorial ceremony is held to honor donors. Would you like the Next-of-kin or Executor or Personal Representative to be notified about the memorial ceremony?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The Alabama College of Osteopathic Medicine has constructed a memorial to honor those individuals who have chosen to donate to the Willed Body Program. This First Patient Memorial is located on the campus of the Alabama College of Osteopathic Medicine.</p> <p>Would you like the donor's name to be engraved on the First Patient Memorial?</p> <p>If yes, print the full name that should be engraved. _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Why have you decided to participate in the Willed Body Program at the Alabama College of Osteopathic Medicine?

The Alabama College of Osteopathic Medicine reserves the right to contact the Next-of-kin or Executor or Personal Representative for additional information about the donor if needed. The Alabama College of Osteopathic Medicine reserves the right to capture images, photography, and videography of the donation with secure usage and distribution for educational/research purposes. Completion of this form gives the Alabama College of Osteopathic Medicine permission to perform the aforementioned items.

Donor Information*

Printed Name of Donor or Next-of-kin or Executor or Personal Representative

Legal Signature of Donor or Next-of-kin or Executor or Personal Representative

Date

*In the event the donor is still living but is incapacitated, the Next-of-kin or Executor or Personal Representative may complete the appropriate information on behalf of the donor.



Frequently Asked Questions

(Retain for your records)

▪ **What is the Willed Body Program?**

The Willed Body Program at the Alabama College of Osteopathic Medicine is a program that provides an opportunity for individuals to make whole body donations to medical education and research.

▪ **Will my body be treated with respect?**

Each donation to the Willed Body Program is a deeply appreciated gift. Your donation will be treated with the utmost dignity and respect.

▪ **How do I participate in the Willed Body Program?**

To become a donor, complete the donor forms and return the completed forms to the Willed Body Program.

▪ **Are there age restrictions for being a donor?**

Yes, a donor must be at least 18 years of age.

▪ **What conditions could disqualify me from being a donor?**

Conditions listed below are some examples that could result in a donor being rejected from the program:

- Illnesses such as coronavirus, HIV, AIDS, hepatitis, tuberculosis, prion diseases, jaundice, MRSA, active infections, etc.
- Morbid obesity or emaciation (determined on an individual height and weight basis)
- Mutilation, disfigurement, or decomposition
- Autopsy
- Missing limbs or major organs
- Facility at capacity
- Enrollment paperwork and program acceptance not completed prior to death
- Not notifying the program within 8 hours of death

▪ **If I am an organ donor, can I also participate in this program?**

No, this program is a whole body donation program.

▪ **How much will the donation cost me or my family?**

There are no expenses associated with being a donor providing that death occurs within the servicing area of the program. Upon notification of death, the Willed Body Program takes financial responsibility for the transport and preparation of the body for admission into the program.

▪ **Will I receive payment for my donation?**

No, payment will not be provided to the donor or family of the donor.

▪ **How will my body be utilized at the Alabama College of Osteopathic Medicine?**

Your donation will be used for educational purposes. With donor permission, your donation may also be used for medical research.



- **How long will my body be at the Alabama College of Osteopathic Medicine?**
The body will be kept for the duration of the study period which could be up to three years. With donor permission, the body may remain at the medical school for extended or permanent study.
- **What is an example of a permanent donation?**
With donor permission, portions of your donation may be retained permanently for educational purposes. Examples may include organs such as the heart or brain or abnormal findings such as tumors that can be used for permanent teaching purposes.
- **What happens if my donation is used for medical research?**
With donor permission, portions of your donation may be used for medical research. Experiments using specific body parts may be performed in order to make advancements in medical research. Depending on the type of research performed, portions of your donation used for this purpose may be excluded from the donor cremains.
- **Why am I asked about my medical history?**
The medical history of the donor is valuable to integrate human anatomy with clinical diagnosis during the course of study.
- **Will my family be notified of any medical findings?**
No, all medical findings will be kept confidential.
- **What happens to my body after the course is concluded?**
At the conclusion of the study period, the donor remains are cremated. The ashes are either returned to the family of the donor or placed in a designated memorial location.
- **Will my body only be used at the Alabama College of Osteopathic Medicine?**
With permission from the donor, the Willed Body Program may allow your donation to be utilized by other approved medical education institutions.
- **Who should be informed about my wishes to be a donor?**
The next-of-kin/executor/personal representative should be informed about your decision to be a donor.
- **Can my family donate my remains to the Alabama College of Osteopathic Medicine?**
All donors must complete enrollment forms and be accepted to the program prior to death. If the prospective donor is incapacitated, the next-of-kin or executor or personal representative may complete the enrollment forms on behalf of the donor.
- **How will I know if I am accepted into the program?**
After the program receives your completed application forms, a donor card will be mailed to you to confirm your participation in the program. However, donations may be rejected at death if disqualifying conditions exist.



▪ **What happens if I am rejected as a donor at the time of my death?**

If the donor has a disqualifying condition at death, the body may not be accepted for use in the program. If the body is rejected, the next-of-kin or executor or personal representative is responsible for any expenses relating to alternate death arrangements for the donor.

▪ **What documentation does the program file regarding the death of the donor?**

The Willed Body Program is responsible for ensuring a death certificate has been filed. The death certificate is available 2-3 weeks after death and can be obtained from the public health department (physical location or website) of the state where the death occurred. The program is not responsible for creating an obituary, filing for social security benefits, or any other death related documentation.

▪ **Is it possible to have a funeral service for the donor?**

Because the program needs to be notified within 8 hours of death, a funeral service with the body is not possible. However, funeral services without the body may still be held at the discretion of loved ones.

▪ **Is there a memorial ceremony for donors?**

Yes, each year a memorial ceremony is held for donors.

▪ **Is my donation anonymous?**

Each donor can choose whether his/her donation remains anonymous, or if he/she would like to be recognized for the donation during the annual memorial service.

▪ **If I am far from the Alabama College of Osteopathic Medicine at the time of my death, am I still eligible to be a donor?**

The medical school has a servicing radius of approximately 60 miles. If death occurs outside of this servicing area, the next-of-kin or executor or personal representative will be responsible for making alternate arrangements for the deceased. The Willed Body Program will contact other anatomical donation programs within proximity of the location of death upon request to aid families under these circumstances.

▪ **What if I am a donor for another anatomical donation program but would like to change my donation to the Alabama College of Osteopathic Medicine?**

If you would like to change your donation, contact your current anatomical donation program to withdraw your donation. Then contact the ACOM Willed Body Program to become a donor.

▪ **What happens if I move to another state?**

If you move to a location outside of the Alabama College of Osteopathic Medicine servicing area, you may withdraw your participation from the Willed Body Program and choose to donate to an anatomical donation program in your new location.

▪ **Can I withdraw from the program?**

Yes, you can withdraw from the program by notifying the Willed Body Program of your decision.

▪ **May I make a financial contribution to the Willed Body Program?**

Yes, financial contributions and/or business services may be donated to the Willed Body Program.