

Body Donation Packet for Donating Deceased Individual

This packet contains all the forms required for registering with our body donation program; policy sheet, body donation document, and body donation questionnaire. Please feel free to contact us with any questions you may have. Please read the packet in its entirety.

1. **Body Donation Program Policy Document.** Please read, sign, and have your signature witnessed by two individuals.
2. **Body Donation Form.** This helps us ensure that you are the person that, according to legal authority, as the authorization to donate the body. The relationship to the decedent is listed in order of precedent. So for instance, should there be no designated agents or a spouse, an adult child takes precedent over a parent. Please be sure that other potential agents of the deceased are in agreement with the donation.
3. **Biological Questionnaire**
 - A. Please complete this form to the best of your ability. If you cannot complete part of the form, leave it blank.
 - B. Information provided contributes information for our research.

Body Donation Program Policy

The donation of a person's body after death is a tremendous gift. We are grateful for everyone who expresses an interest in body donation. We appreciate your attention to the following.

1. Unlike medical schools, we do not return remains to the family. The skeletal remains are a very important component to our research and teaching program.
2. We reserve the right to decline donations of individuals who have some form of infectious disease such as HIV, tuberculosis, hepatitis of any kind, or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged. **EMBALMED BODIES CANNOT BE ACCEPTED.**
3. Donors with an infectious disease who still wish to donate may do so by choosing to have their remains cremated. A collection of cremated remains provides an invaluable learning resource. People choosing this option should contact us prior to making arrangements. This allows us to work with the crematory involved to ensure the remains are not pulverized. The family must assume responsibility for the arrangement and cost of cremation.
4. We also reserve the right to decline a donation if our facility is at capacity. In case of denial by the University, alternate final arrangements should be discussed by the Donor and/or the family.
5. The determination of acceptability shall be made by CMU in its sole discretion.
6. We will arrange transportation to our facility if the deceased is located 75 miles of Grand Junction, CO. Outside the designated area, the Donor and/or the Donor's family must make arrangements for the transportation of the body to our facility and assume responsibility for any associated costs.
7. We need to have signed donation documents prior to transporting. This may be a faxed copy, but the original must be sent as soon as possible. Your donation paperwork will not be complete until originals are returned. An authorization for final disposition needs to accompany the body.
8. Pre-Donor paperwork needs to be returned to the Forensic Investigation Research Station at the time of completion in order for a file to be established. Changes of address or medical status should be sent to keep Donor files up to date.
9. Pre-Donor paperwork needs 2 witnesses to verify your signature, but does not need to be notarized.
10. We do not perform autopsies to determine cause of death on donations to our program. In Colorado, the Coroner should determine that no autopsy is needed before the donation is released to our program.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact us at 970-248-1219.

I have read, understand, and agree to the body donation policy of the Colorado Mesa University Forensic Investigation Research Station.

Printed name of Next of Kin/Executor

Signature of Donor/ Next of Kin/Executor

Street Address, City, State, Zip Code

Phone number with area code, E-mail (optional)

Printed name of Witness

Signature of Witness

Street Address, City, State, Zip Code

Phone number with area code, E-mail (optional)

Printed name of Witness

Signature of Witness

Street Address, City, State, Zip Code

Phone number with area code, E-mail (optional)

Document for Donation of Deceased Person

I, (print name) _____, hereby
donate the remains of (deceased) _____

to the Colorado Mesa University Forensic Investigation Research Station for the purpose of
forensic decomposition studies. By signing this document, I affirm that I am (check all that apply):

- an agent of the decedent at the time of death who has authority to make an anatomical gift;
- the spouse of the decedent;
- a person who is designated as a designated beneficiary of the decedent with the right to make an anatomical gift of the decedent;
- an adult child of the decedent;
- a parent of the decedent;
- an adult sibling of the decedent;
- an adult grandchild of the decedent;
- a grandparent of the decedent;
- an adult who has exhibited special care and concern for the decedent;
- a person who was acting as the guardian of the decedent at the time of death;
- a person having authority to dispose of the decedent's body.

This list of persons authorized by law to make this donation is in descending order of precedence. If there is more than one agent of the decedent, or more than one adult child, parent, adult sibling, adult grandchild, grandparent, or guardian of the decedent reasonably available to made the decision concerning this anatomical donation, by signing this document I affirm that either none of the other members of the relevant class of persons entitled to make this decision has an objection to this donation, or, in the alternative, that a majority of the members of this class who are reasonably available concur with the donation. By signing this document, I also affirm that, at the time of the decedent's death, no

person in a prior class of precedence to my own is reasonably available to make, or to object to the making, of this anatomical donation.

If, at any time, the remains shall be claimed for burial by a person in a prior order of precedence to the person making this donation, then at their expense the Colorado Mesa University Forensic Investigation Research Station shall surrender the remains. The laws concerning the use of remains for the promotion of science within the State of Colorado are addressed in section 12-34-101 *et seq.*, Colorado Revised Statutes.

My signature below indicates I do wish to donate the remains of the above-mentioned deceased on this date of _____, 20 _____.

Signature of Donating Person

Relationship to Deceased

Sworn and Subscribed before me this _____, day of _____, 20 _____.

Signature of Notary Public

My Commission Expires: _____

Name _____ / _____ / _____
Last First Middle

Residence History (list additional locations as necessary)

Childhood Hometown (0-15 years of age):

City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

Location as an Adult (any place you have lived for more than 1 year)

City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

Dental History - Check all that apply:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Extensive Dental work | <input type="checkbox"/> Most/all teeth | Teeth Missing |
| <input type="checkbox"/> Lower Dentures: When _____ | <input type="checkbox"/> Bridge | <input type="checkbox"/> Few |
| <input type="checkbox"/> Upper Dentures: When _____ | <input type="checkbox"/> Gum Disease | <input type="checkbox"/> Many |
| <input type="checkbox"/> Upper and Lower Dentures: When _____ | <input type="checkbox"/> Dental Disease | <input type="checkbox"/> All |
| <input type="checkbox"/> Partial Plate | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Braces | _____ | |

Medical History (please indicate the approximate year for each). Please do not provide just a Doctor's name.

- | | |
|---|---|
| <input type="checkbox"/> Surgery (general): _____

_____ | <input type="checkbox"/> Plastic Surgery (indicate type and location)

_____ |
| <input type="checkbox"/> Fractures _____

_____ | <input type="checkbox"/> Cancer (type): _____
Treatment: _____
Length of Illness: _____ |
| <input type="checkbox"/> Auto Accident (with traumatic injury)
YR: _____ | <input type="checkbox"/> Smoker? If yes, how long? _____ |
| <input type="checkbox"/> Spinal Injuries YR: _____ | <input type="checkbox"/> Alcoholism YRS: _____ |
| <input type="checkbox"/> Open Heart Surgery YR: _____ | <input type="checkbox"/> Diabetes Type: _____ |
| <input type="checkbox"/> Prosthetics (e.g. Hip or knee replacement)
Type/Yr: _____
Type/Yr: _____
Type/Yr: _____ | <input type="checkbox"/> Other (Including childhood disorders):

_____ |
-

PLEASE CONTINUE ON NEXT PAGE

Name _____ / _____ / _____
Last First Middle

Medical History (continued) – Please describe the above and any other information you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, or a family history of an illness, etc. Please attach additional pages as necessary.

Habitual Activities (i.e., jogging, repetitive motions, life-long occupation activities, etc.) -

Driver's License Height _____ **Weight** _____ **Recent Weight Loss:** yes ___ no ___

Handedness: Right ___ Left ___ **Shoe size** _____ **Hair Color** _____

Eye Color: Blue Green Gray Brown Hazel Other: _____

Tattoo(s) Yes No If yes, Description: _____
Body Location: _____

Body Piercings(s) Yes No If yes, Description: _____
Body Location: _____

Next of Kin Information

Name _____ Relationship _____

Address _____ Phone number _____

City _____ State _____ Zip code _____ email: _____

PLEASE CONTINUE ON NEXT PAGE

Name _____ / _____ / _____
Last First Middle

Informant Information (if other than Donor or Next of Kin)

Name _____ Relationship _____

Address _____ Phone number _____

City _____ State _____ Zip code _____ email: _____

DO NOT CONTINUE IF YOU ARE A LIVING DONOR

Location of death (if applicable): _____ Date of Death _____

Institution/Hospital _____

Address _____

City _____ County _____ State _____ Zip code _____

Thank you for taking the time to fill out this questionnaire.
If we can be of further assistance, please feel free to contact us.

Return completed forms to:

Dr. Melissa Connor
Forensic Investigation Research Station
Colorado Mesa University
1100 North Avenue
Grand Junction, CO 81501

Phone: 970-248-1219