

Anatomical Board of the State of Nebraska

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Donation for Humanity

Your expressed interest in participating in the advancement of medical education and research is truly commendable. This is a significant contribution to future generations for which money cannot substitute and which perpetuates individuals' usefulness to society past their lifetime. Each participant will train no less than four new health professionals and the valuable data gained from each study may assist in advancing the treatment or alleviation of various diseases or physical afflictions. What more fitting memorial can one leave behind than a medical contribution capable of ensuring life and health for thousands, among them perhaps one's own children and grandchildren?

It is perfectly legal in the State of Nebraska for residents or non-residents to donate themselves to the Anatomical Board of the State of Nebraska. This Board is the agency with legal responsibility for the care and assignment of donors for scientific studies within medical and dental centers in Nebraska. The Board distributes the donors among the educational institutions as needed in order to make optimum use of all donors. Studies of anatomical donors are for educational and research purposes only. No legal findings will be determined and no report will be given upon completion of the study. Generally, most studies are concluded within four years. Upon completion of the study a reasonable attempt will be made to notify the donor's family. Cremated remains of a donor not claimed within one year following the notification, or the attempted notification, of the donor's family will be interred or entombed in a common plot owned by the designated university in an Omaha cemetery.

Enclosed are several pages of instructions which provide detailed information on the body donation program. Should you decide to participate in the advancement of medical science and education this way, please complete the enclosed forms and return them for enrollment. A formal will is not required for the donation of one's self; however, the Certificate of Bequeathal must be returned to the Board for acceptance before the enrollment is completed. A wallet card will be mailed to the donor upon acceptance into the program. **Donors who have not completed the enrollment will not be accepted.** You are strongly advised to consult with your relatives, physician, minister, lawyer or any party responsible for your affairs so they may know your wishes.

Instructions for Donor

(Keep this page for your records)

1. Occasionally a problem may exist which would interfere with the intended use of a donor's gift for education and research. The body may not be accepted if any of the following conditions are present: autopsy, organs or parts removed for transplantation (with the exception of eyes), decomposition of the body, severe trauma, drowning, burning, homicide, motor-vehicle accident, death from suicide, contagious disease such as HIV or Hepatitis B or C, morbid obesity, emaciation, body contracture, jaundice, edema or a body mass index less than 19 or greater than 30. The Board also cannot receive donors when storage is full.
2. a. **Complete the Certificate of Bequeathal** and sign in the presence of two witnesses (not members of your family). In the State of Nebraska it is desirable that agreement and consent of next-of-kin be obtained. Since other states may specify agreement and consent of close relatives, out-of-state donors should be certain to obtain the consent of all the closest next-of-kin on the Certificate of Bequeathal.
b. **Make two copies of the Certificate of Bequeathal.**
 - **Place one copy with readily available personal papers.** (A bank safe deposit box is not recommended.)
 - **Provide one copy of the Certificate of Bequeathal** to a member of the family, close friend, or attorney who will attend to all arrangements in sending the donor to the Nebraska Anatomical Board. Also, provide them with a copy of the "Instructions to Survivors" page which follows.
 - **Return the original Certificate of Bequeathal with requested information to the Nebraska Anatomical Board for enrollment in the program. Regardless of college preference, send the Certificate of Bequeathal to:** Anatomical Board of Nebraska, 986395 Nebraska Medical Center, Omaha, NE 68198-6395.
3. ALTHOUGH NOT ESSENTIAL, the donor may elect to make advance arrangements with a funeral director in the vicinity. The funeral director should be informed of donors' plans to dedicate themselves to medical science and be instructed as to his responsibilities. (See "Instructions to Survivors.")

The Board has no facilities available for viewing the donor. A mortuary of the family's choice should be contacted if the donor or their survivors wish to hold a viewing, a visitation and/or a funeral service before the delivery to the Nebraska Anatomical Board. **The cost of these services must be assumed by the donor's estate or family members.**
4. A brief Medical History is of great value in medical school teaching and research programs; a form for this purpose is enclosed. **Return the MEDICAL HISTORY page with the original Certificate of Bequeathal.**
5. After the study is completed, the cremated remains will either be interred in a common plot owned by the university or returned to the designated family member, mortuary, or cemetery. The arrangements for the final disposition of the donor's cremated remains are contained in paragraph 3 of "Instructions to Survivors."
6. A wallet card will be sent to the donor upon the completed enrollment into the Nebraska Anatomical Deeded Body Program. Enrollment is **required** before a donor can be accepted. This card should be carried by the donor at all times.

Instructions for Survivors

(To be given to a family member, close friend or attorney)

1. The Nebraska Anatomical Board or your local funeral director will expedite the completion of all the necessary papers, such as filing the death certificate. Donors are accepted to age 110 and all donors stay in Nebraska.
2. The Board cannot accept a donor which has been autopsied. The Nebraska Anatomical Board has **no** facilities available for viewing the donor; the donor must be transferred within 12 hours to the Nebraska Anatomical facility. If no viewing/visitation/funeral arrangements are planned, transportation arrangements can be made through one of the following procedures:
 - a) If death occurs in Lincoln or within a 60-mile radius of Omaha and there is no funeral, contact the Nebraska Anatomical Board anytime at (402) 559-6249.
 - b. If there will be a funeral and/or a death occurs beyond a 60 miles radius of Omaha, contact a funeral director of your choice. Be sure to inform the funeral director that you have a donor for the Nebraska Anatomical Board. The funeral director will make arrangements for delivery to the Nebraska Anatomical Facility.

NOTE: Body donation may involve expense for the donor's estate or survivors whether elected by survivors or required by circumstance. If death occurs within a 60-mile radius of Omaha and the body is delivered to the Nebraska Anatomical Board within 12 hours of the death, there may be little to no expense. However, expenses may occur depending if a mortuary is involved and its particular policies. Beyond the 60-mile radius of Omaha or Lincoln city limits, or if delivery of the donor will require more than 12 hours, additional arrangements must be made with a mortuary. The Nebraska Anatomical Board reimburses mortuaries \$110 for removal from the place of death in Nebraska and Iowa and **for mileage** at the rate of \$1.50 per mile one way, up to 250 miles from the place of death. It is important that survivors have a clear understanding of expenses involved when they make arrangements with a mortuary.

Families of potential donors are advised that the Nebraska Anatomical Board may not accept all donations. The Board retains the right to refuse donors deemed unsuitable for current needs for education and research.

3. After completion of the study, which generally lasts from six months to four years, the human remains will be cremated individually and with dignity and respect. There are several available choices regarding the final disposition of the donor:
 - a) If requested to do so, the Nebraska Anatomical Board will return the human cremated remains at the expense of the university in a suitable container to the designated relative, mortuary, or cemetery for final disposition. Any and all costs of final disposition after the cremated remains are received by the designated party must be borne by the estate or survivors of the deceased. Cremated remains of a donor not claimed within one year following the notification, or the attempted notification, of the donor's family will be interred or entombed in a common plot owned by the designated university in an Omaha cemetery.
 - b) If no such request is made, upon completion of the study, the human cremated remains will be interred or entombed by the Nebraska Anatomical Board in a common plot owned by the designated university in an Omaha cemetery.

Body Mass Index Information

Listed below is a summary of the acceptable weights for your height in inches to be an eligible donor for the Nebraska Anatomical Board.

Height		Weight
4 ft – 10 in	(58 inches)	91 to 143 lbs.
4 ft – 11 in	(59 inches)	94 to 148 lbs.
5 ft	(60 inches)	97 to 153 lbs.
5 ft – 1 in	(61 inches)	100 to 158 lbs.
5 ft – 2 in	(62 inches)	104 to 164 lbs.
5 ft – 3 in	(63 inches)	107 to 170 lbs.
5 ft – 4 in	(64 inches)	110 to 175 lbs.
5 ft – 5 in	(65 inches)	114 to 180 lbs.
5 ft – 6 in	(66 inches)	118 to 186 lbs.
5 ft – 7 in	(67 inches)	120 to 191 lbs.
5 ft – 8 in	(68 inches)	125 to 197 lbs.
5 ft – 9 in	(69 inches)	128 to 203 lbs.
5 ft – 10 in	(70 inches)	132 to 209 lbs.
5 ft – 11 in	(71 inches)	136 to 215 lbs.
6 ft	(72 inches)	140 to 220 lbs.
6 ft – 1 in	(73 inches)	145 to 227 lbs.
6 ft – 2 in	(74 inches)	148 to 233 lbs.
6 ft – 3 in	(75 inches)	152 to 240 lbs.
6 ft – 4 in	(76 inches)	156 to 246 lbs.

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Certificate of Bequeathal and Cremation Authorization

(Return this page)

I, _____ hereby express my wish to donate my body following my death to the Anatomical Board of the State of Nebraska. I understand that this is a statement of my wish and intention to dedicate myself to medical education and scientific research in the state of Nebraska. In order that this wish may be carried out promptly and effectively after my death, I accept responsibility for obtaining the consent of all relatives or close friends likely to have concerns about the cremation and final disposition of my body. I also authorize the release of my medical records to the Anatomical Board of Nebraska.

I have indicated my preference below for the location of the study, however, I understand the Board may assign my body to the university where needed in order to make optimum use of all donors. Creighton University, the University of Nebraska and the Anatomical Board will make a reasonable effort to respect my preference.

_____ The University of Nebraska
_____ Creighton University
_____ No Preference

Signed _____

Address _____

City _____

State _____ Zip _____

Date _____

Phone (_____) _____

Witness _____

Witness _____

(Witnesses should not be members of your family)

(Return this page)

Endorsements of Family: We understand and support the intent indicated in this Certificate of Bequeathal and agree to cremation of the donor in accordance with applicable laws and regulations.

Name Address Relationship Date Signed

If it is a burden for family members to sign above and they support your decision for donation and cremation, check the boxes below after you have contacted them.

Are there any other close relatives (spouse, parents, grown children, brothers or sisters) who have not signed? Yes ____ No ____

Will they respect the donor's wishes and honor the bequeathal and cremation? Yes ____ No ____

PLEASE CHOOSE THE FINAL DISPOSITION OF HUMAN CREMATED REMAINS:

1. INTERMENT by the Nebraska Anatomical Board at a cemetery chosen by:

Creighton University or The University of Nebraska

2. RETURN the human cremated remains of the donor to: FAMILY MORTUARY CEMETERY

Please indicate address: _____

Notification of Memorial Service: Each year the students from each medical center hold a memorial service to honor donors who have contributed to their education. Families who want to be invited to the memorial service after the study has been completed should indicate below.

Notify family member of memorial service after study is completed? Yes ____ No ____

Name of person to notify:

Name Address Phone Number

Email

Next of kin or person in charge of donor's affairs:

Name Address Phone Number

Email

(Before returning the bequeathal form, make a copy of both sides for a family member, close friend or attorney and one for your records.)

BRIEF MEDICAL HISTORY

(Return this page)

Please Print

Height: _____ Ft. _____ In. **Weight** _____ lbs. (*required*)

Disease History (*childhood diseases, heart, kidney, etc.*):

Operation and Accident History:

Disabilities or Deformities:

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DEATH CERTIFICATE INFORMATION

(Return this page) - Please Print

Name: Last _____

First _____

Middle _____

Sex: _____

Date of Birth: _____

Social Security Number: _____

City and State of Birth: _____

Primary occupation prior to retirement: _____

Marital Status (*circle one*): Never Married Married Widowed Divorced

Name of Surviving Spouse: _____

If wife, give Maiden Name: _____

Father's Name: _____

Mother's Name, including Maiden Name: _____

Dates of Military Service (*if applicable*): _____ to _____
Month Day Year Month Day Year

Education: (0-12 years) _____ College (# of years) _____ Degree _____

Hispanic Origin? NO _____ YES (specify) _____

Race:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other (Specify) |

Current Doctor - Name and Address: _____

Please mail completed pages for enrollment to:

The Nebraska Anatomical Board
986395 Nebraska Medical Center
Omaha, NE 68198-6395