

Anatomical Gift Form

**Washington State University
WWAMI Medical Education
Body Donation Program
PO Box 643510
Pullman, WA 99164-3510
(509) 335-2602**

I hereby declare that, immediately after death, I wish my body to be offered to the **Washington State University WWAMI Medical Education Program**, to be preserved and used in such a manner, as the University deems desirable for educational and scientific purposes. Unless specifically forbidden by the donor, such use may include transporting the body to another local college or university for educational use only. Upon completion of use, typically 2 – 4 years, the body shall be cremated and the cremated remains will be interred or returned to the family if desired. Cremated remains cannot be returned directly to the family’s home; however, a funeral home may receive the ashes on the family’s behalf. Uncremated remains cannot be returned.

I understand that the Body Donation Program reserves the right to refuse my donation depending upon certain medical and legal restrictions and the needs of the program. The acceptance of a body donation is made on a case-by-case basis at the time of death. Therefore, I am aware that alternate arrangements should be made in the event my offer of body donation is refused. There are a variety of reasons why the donation may be declined. Some examples are, but not limited to:

1. Decomposition of the body prior to embalming.
2. Severe trauma or burns.
3. Accidental death, sudden death, suicide, or any death that falls under the jurisdiction of a coroner.
4. Autopsy.
5. Contagious diseases, especially viral, such as hepatitis, tuberculosis, HIV, herpes, or Creutzfeldt-Jacob type dementias.
6. Recent or major surgeries.
7. Certain types of cancers or space-occupying tumors that distort the anatomy.
8. Removal of organs, other than corneas.
9. Budgetary or space restrictions in our donation program.

I have checked those statements below that apply to my intended donation:

- My body may be used in any manner that the WWAMI Medical Program deems necessary. (If you wish to authorize the program to retain organs or body parts for teaching purposes, you must so indicate by checking the box below. Checking only this box will not be authorization to retain body parts).
- Organs or parts of my body may be preserved and retained indefinitely for teaching purposes.
- My body is to be used for teaching purposes only.

Full Name: _____

Date: _____

Signature: _____

The donor may revoke this document at any time by statement of intent.

REQUIRED: Two witness signatures (e.g., family member or friend).

Witness #1: _____

Date: _____

Witness #2: _____

Date: _____

Complete, sign, date and return the **original copy** to Washington State University at the address above. Please be sure to make additional copies for your records, your family members, etc.