The Gift of a Human Body

Pacific Northwest University of Health Sciences relies heavily on the use of human bodies in the education of osteopathic physicians and other health care professionals. First-year medical students and other health care students complete or participate in the thorough dissection of the human body; and residents, board-certified physicians, and other practicing health care professionals routinely include dissection in their continued medical education. The human body, thus, represents a valuable, irreplaceable resource in the training of physicians and other health care professionals.

The bodies that the University uses in its educational programs have been given as gifts for the primary purpose of education. For example, individuals, as they put their affairs in order, may decide to donate their bodies to medical science upon their death. This generous bequest is made in writing using a standard form (see Form 1: Gift of Body). In this case, the donor should inform the next-of-kin or executor of his/her wishes to donate their body, and a local funeral director should be informed so that at the time of death arrangements can be made to expeditiously embalm the body in the manner required for this donation and transfer it to the University. The immediate next-of-kin also may donate the body of a person for whom they are responsible. The order of qualifying kinship is shown on the accompanying Form 2, "Gift of Body by Next-of-Kin." For any gift of a body, prompt, special embalming and delivery is essential; thus, memorial services should be conducted without the body present. However, the University will defer to the wishes of the donor's family.

The University requests that the estate or next-of-kin of the deceased pay for embalming and transportation of the body to the University. However, the University will pay reasonable embalming and transportation costs if such costs would be a financial burden to the family. The responsibility for costs of embalming and transportation should be arranged prior to the gift of body.

The University reserves the right to refuse gift bodies, and the donor or next-of-kin should consider alternatives should PNWU not accept the Gift Body. For example, autopsied bodies typically are not usable for educational purposes. Similarly, bodies that are grossly obese, have sustained destructive trauma, or have donated major organs (except eyes) will be refused. The University will also refuse to accept the bodies of individuals who are HIV positive or who have been at high risk for HIV, or who have other communicable diseases (for example, hepatitis, tuberculosis, antibiotic resistant bacterial infections, etc.) that would pose a hazard to faculty, staff or students. The University may also refuse a body due to oversupply or changes in the educational program. If PNWU refuses to accept a Gift Body, the University will not be liable for any charges for embalming or transportation.

The remains of cadavers that are used by the University eventually are cremated individually. The cremated remains of a donated body can be returned to the family of the deceased, if so desired. Such a request must be made on the gift body form at the time of donation or made in writing when the body is delivered to the University. Cremated remains not returned to the family will be interred or placed in a dedicated site. The University may retain for continued study certain parts (i.e., skeleton) of those bodies for which remains are not to be returned to the family.

The University, its faculty and its students accord the highest respect to the bodies that are used for educational programs. The donation of one's body in order to advance the knowledge and skills of physicians and other health care providers is a selfless, generous act that is cherished by the University.

FORM 1: GIFT OF BODY TO PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENCES

| l, | I agree that the specific details of how my remains have been used are confidential and will not be disclosed to my family after | |
|--|--|-------|
| (DONOR, PLEASE PRINT YOUR FULL NAME) | | |
| Being a person of at least 18 years of age, born on | my death, unless provided for by law. | |
| (DAY, MONTH AND YEAR) | (SIGNATURE OF DONOR) (DATE) | |
| Do hereby make this gift of my entire unautopsied body upon my | | |
| death to Pacific Northwest University of Health Sciences (the "University") to be preserved and used for such educational, | (ADDRESS) | |
| scientific or research purposes as the authorized personnel of | | |
| the University shall in their sole discretion deem proper. I hereby | The undersigned being persons of at least 18 years of age | |
| direct that my body, specially embalmed and unautopsied, be | acknowledge and certify to the fact that they witnessed the | at a |
| delivered to the University as soon after death as possible. | execution of the foregoing Gift of Body by the donor on the da first herein above written and that they have signed this | are |
| | document in the donor's presence. NOTE: If the donor is medic | callv |
| I agree to the cremation of my remains as a condition of | unable to sign his/her own name on this form, at least one of t | - |
| donation. If I want my available cremated remains returned to my family I must complete the section provided for this purpose | witnesses must be disinterested, i.e. not related to the donor a | and |
| below on this form. I am aware that my cremated remains may | not affiliated with the University. | |
| not be available to be returned to my family for two years after | | |
| my body is delivered to the University. If I do not choose to | (WITNESS, PLEASE PRINT YOUR FULL NAME) | |
| have my cremated remains returned to my family, they will be | (WITHESS, I LEASE I KINT TOOK I OLL NAME) | |
| interred or scattered at a dedicated burial site during an annual | | |
| nondenominational burial service. After the service, cremated remains will not be recoverable. | (WITNESS' SIGNATURE) (DA | ATE) |
| Temania wiii not be recoverable. | | |
| If I do not choose to have my cremated remains returned to my | (WITNESS ADDRESS) | |
| family, I agree that the University may keep any of my body | (| |
| parts, including my skeleton, indefinitely for continuing teaching | | |
| or research purposes. Body parts that the University keeps will be cremated after they are used and will be interred or scattered | (WITNESS, PLEASE PRINT YOUR FULL NAME) | |
| during the annual burial service described above. These remains | | |
| will not be returned to my family. | (WITNESS' SIGNATURE) (L | DATE) |
| I agree that the University may decline to accept my body for any | | |
| reason. I am aware that an alternate arrangement should be made to account for the possibility that my offer of body | (WITNESS ADDRESS) | |
| donation may be declined. I am aware that if the University | Are the cremated remains to be returned to someone? | |
| declines to accept my body, the University will not be responsible | ☐ Yes ☐ No | |
| for any costs associated with embalming or transporting my body. | | |
| bouy. | If so, to whom?(NAME OF INDIVIDUAL OR FUNERAL HOME) | |
| I agree to inform my family and physician of my decision to give | (NAME OF INDIVIDUAL ON FOREIGNE) | |
| my body to the University. | | |
| Lagran that the University may lean my hedy or any of its narts | (ADDRESS) | |
| I agree that the University may loan my body or any of its parts to other institutions for purposes of medical or surgical teaching | Complete this form entirely Sign date and return the origina | 1 +0 |
| and research, unless I provide my initials here: | Complete this form entirely. Sign, date, and return the origina the University. Before mailing the original, please make a copy | |
| · · · · · · · · · · · · · · · · · · · | for your personal records, your family, physician, and any other | - |
| I have read and understood the descriptive brochure titled "Gift | person that may be handling matters after your death and ser | |
| of Body Program" a copy of which is available online at http:// | this original completed form to: | |
| www.ni.wi.ani.comene-ni-nstennalnic-menicine-com/nii/-01- | | |

body-program/. I have had the opportunity to ask the University

any questions I have, and I have had my questions answered

before signing this form.

As soon as possible after death, the funeral director, or other person responsible for the body of the donor, should call the University at 509-452-5100.

Pacific Northwest University of Health Sciences

Gift of Body Program

200 University Parkway Yakima. WA 98901