

To Whom It May Concern:

Thank you for your inquiry regarding whole body donation to the Willed Body Program at Baylor College of Medicine ("College"). Before filling out the "Bequest (Donor) Form", please review the page "Common Facts and Misconceptions About Donating Your Body to a Medical School" with your family member(s). It is important that your next of kin be informed and is in accordance with your wishes to donate your body.

To register, the donor and witnesses need to complete all appropriate sections of the Bequest (Donor) Form, sign date and return the paperwork at least 6 months in advance of the anticipated donation. Please keep this cover letter and a copy of the completed form for future reference. You may wish to share these documents with those you want to be informed, such as your physician, minister, attorney, and next of kin.

Please return the signed original form to: The Willed Body Program
Baylor College of Medicine
One Baylor Plaza, BCM832
Houston, TX 77030

Upon receipt of the completed Bequest (Donor) Form, we will send you an acknowledgement letter and a donor card for you to carry for donor identification. Please update our office if your contact information changes. Should you change your mind regarding whole body donation, the bequest form will be made invalid upon a written notification from you.

Note: There are cases in which bodies cannot be accepted for donation and this is determined at the time of death. Examples of bodies that cannot be accepted include: severe injury or deformity from an accident; contagious diseases (hepatitis, HIV/AIDS, COVID-19, tuberculosis); obesity or edema; if an autopsy has been performed, or if organs have been removed for transplantation. We recommend families have alternative plans in case the body cannot be donated at the time of death.

At the time of death, the individual in attendance should call Carnes Funeral Home at 1-888-822-7637 to report the death as a Baylor College of Medicine Willed Body donation. Carnes staff will make sure the body meets the acceptable criteria and then arrange for removal and transportation of the donor to the College. The Next of Kin or Executor will need to complete and return a release form to the College.

Baylor College of Medicine may study the body up to three or more years. There is no charge to the family or estate for transportation from any point within a 100-mile radius of Houston to the College's medical school, and there is no charge for standard cremation. The final disposition (cremation) is through the medical school. There is a fee of \$165.00 for the return of cremated remains to the family. If families do not request the return of the cremated remains, they will be scattered at sea.

Your desire to donate your body to Baylor College of Medicine is deeply appreciated. The gift of one's body is an invaluable contribution to the education of future physicians and ultimately the advancement of medical science. Please do not hesitate to contact us if you have any questions.

Sincerely,

Caroline M. Kosnik
Caroline M. Kosnik, M.L.S.

Executive Director, Anatomy Education Core & Willed Body Program

02-15-2022

**COMMON FACTS AND MISCONCEPTIONS
ABOUT DONATING YOUR BODY TO A MEDICAL SCHOOL**

THE WILLED BODY PROGRAM

Baylor College of Medicine
One Baylor Plaza, BCM832
Houston, Texas 77030
Phone (713) 798-3858

1. Donating your body is not a legal or binding contract either on the part of a medical school or the individual donating their body. A donor may cancel their bequest in writing at anytime. A person willing their body to science is under the jurisdiction of the State Anatomical Board of the State of Texas.
2. A medical school reserves the right to reject a body which does not meet its criteria for teaching and research. If an autopsy is necessary or other extenuating circumstances occur, such as traumatic injury, contagious diseases, suicide or if organs or parts have been removed for transplantation or otherwise, we cannot accept the body to our program.
3. Alternative plans should be made for the disposition of the body in the event that a body is rejected.
4. The medical school's primary purpose for accepting donated bodies is for teaching. Research is conducted based upon the needs of the faculty and staff at our institution.
5. To assure that maximum benefit is derived from this contribution, a medical school may transfer, at its discretion, a body to other teaching or research institutions within the State of Texas, if the needs of such institutions are deemed appropriate. With the permission of the donor at the time of donation, the Anatomical Board may also transport a willed/ donated body out of the State of Texas in the event that the holding institution and the executive secretary of that board have determined that an excess of bodies currently exists in the State of Texas.
6. We do not accept organs for transplantation. Life Gift coordinates organ donation in the Houston area. The medical school does not accept bodies from which organs for transplantation have been removed.
7. At the time of death, the legal next of kin must sign a release form. In the State of Texas, the legal next of kin is responsible for the disposition of the body. The order of relationship for the legal next of kin is: spouse, child (ren) of legal age, parent, brother or sister of legal age, grandchildren of legal age. If there are no living relatives, an executor or someone handling a person's estate may sign the release form.
8. The final disposition (cremation) of the body after donation rests with the medical school. Special arrangements can be made to return cremated remains to the family; however, a special handling fee applies.
9. Medical schools recognize the need for some families to have a memorial service (a funeral service in which the body is not present). Arrangements for a service are made by the family at their discretion. Many families choose to make arrangements with a clergy member or to contact a local funeral home.



BEQUEST (DONOR) FORM

THE WILLED BODY PROGRAM

Baylor College of Medicine
One Baylor Plaza, BCM832
Houston, Texas 77030
Phone (713) 798-3858

It is my wish that subsequent to my death, Baylor College of Medicine, as a representative of the Anatomical Board of the State of Texas, receive my body for teaching and scientific purposes. To assure that maximum benefit is derived from the contribution, I authorize Baylor College of Medicine to transfer my body to other teaching or research institutions within the State of Texas if the needs of such institutions are deemed appropriate. Such transfer will be made at the discretion of Baylor College of Medicine.

Furthermore, I authorize the Anatomical Board of the State of Texas to arrange transportation of the willed/donated body herein described out of the State of Texas in the event that the holding institution and the executive secretary of that board have determined that teaching or research institutions in the State of Texas are at capacity for donated bodies.

() Yes () No _____
(Initials) (Date)

Complaints or inquires regarding a willed or donated body should be directed to the executive secretary of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered, in the Texas State Telephone Directory or at <https://www.sabtexas.com/>

It is my understanding that if an autopsy is necessary, or other extenuating circumstances occur, such as, traumatic injury, contagious disease (HIV virus, hepatitis), suicide, or if organs or parts have been removed for transplantation or otherwise, my body may not be accepted to the willed body program.

Name of DONOR (Please Print) Birth date: Gender: Social Security #:

Address of DONOR including City, State and Zip Code

Signed: _____ Date: _____
Signature of DONOR

Name of Next of Kin (Please Print) Relationship to Donor

Address of Next of Kin including City, State and Zip Code

Phone number of Next of Kin Email address of Next of Kin

Signature and addresses of two witnesses, preferably anticipated survivors:
We the undersigned witnesses, certify that we were over the age of 21 years at the time of the donor's signature and that we witnessed such signature.

Name of Witness (Please Print)

Name of Witness (Please Print)

Address of Witness

Address of Witness

City, State and Zip Code

City, State and Zip Code

Signed: _____ Date: _____
Signature of Witness

Signed: _____ Date: _____
Signature of Witness

Keep a copy for your files; Return signed original to address above