



GENERAL INFORMATION

Regarding Body Donation to the John A. Burns School of Medicine

Thank you for your interest in the University of Hawai'i at Mānoa, John A. Burns School of Medicine (JABSOM), Department of Anatomy, Biochemistry and Physiology's Willed Body Program (WBP). We are grateful for your consideration of such a special and selfless gift as the donation of your body. Your donation will allow medical students, physicians, allied health professionals, and scientific researchers to better understand the normal and diseased states of the human body. Through this knowledge, the health of our community will be improved.

IMPORTANT – Please read ALL of the *General Information, Instructions, Commonly Asked Questions, and the Anatomical Gift Donation Form (AGDF)* thoroughly.

The laws of the State of Hawai'i (HRS 327) permit an individual to donate his/her body to the University of Hawai'i at Mānoa, John A. Burns School of Medicine. After being used for medical education and/or research purposes, the Donor's body will be cremated. The cremains may be returned to a designated person that the Donor selects when completing the Anatomical Gift Donation Form. Medical education and research time averages between 2-18 months. Once the Donor has completed their teaching program, the designated person will be notified of the availability of cremains, if cremains were requested. If no request to return the cremains was received, the cremains will be scattered at sea by the medical students at the end of the annual Memorial Service held for our Donors. The Memorial Service, which is held annually, honors the group of Donors whose studies have been completed. Faculty, staff, and students participate in the service to publicly express their appreciation to the Donors and their families. Invitations to the service are sent to the Next-of-Kin (NOK) as indicated in the AGDF.

WBP cannot issue reports regarding the cause of death or any other findings. If the family wishes to receive such information, they should contact their loved one's physician.

Reasons WBP may refuse to accept a donated body include, but are not limited to:

1. Dispute by the legal Next-of-Kin (NOK) to donate
2. Temporary closure of program or pause in accepting body donations
3. Severe trauma to the body - Body damage (e.g., the result of an accident or an autopsy, however, call and inquire with the Director for a final answer, as each situation is unique)
4. Body weight - the Donor weighing over 250 pounds
5. A threat to public health and safety (the Donor had an infectious disease, such as Hepatitis B, Hepatitis C, HIV, Prion diseases, active TB, active or presumed COVID-19)
6. We were not notified within 72 hours after the Donor's death
7. Decomposition of the body because of time or place of death

Due to changes in a Donor's health over time, **the final decision to accept or refuse a body is made at the time of death and NOT at the time when the required Anatomical Gift Donation Form is completed. DONORS ARE ENCOURAGED TO HAVE AN ALTERNATIVE PLAN IN THE EVENT THAT OUR WBP CANNOT ACCEPT THEIR BODY.** Thus, individuals should make alternative arrangements with a funeral director/mortuary.

The law specifically holds JABSOM, its agents, and its employees exempt from liability; nor is JABSOM subject to criminal prosecution for using the body or parts thereof for teaching and scientific research purposes.



INSTRUCTIONS

For Completing Your Anatomical Gift Donation Form

PLEASE VERIFY THAT ALL OF YOUR INFORMATION IS CORRECT. This information is required by the State of Hawaii Department of Health (DOH) for your death certificate. If it is incorrect, an Affidavit must be submitted, which will delay receipt of certified copies of the death certificate. The WBP does NOT provide certified copies, these can be obtained from the DOH Vital Records Office.

IMPORTANT – Please read ALL of the *General Information, Instructions, Commonly Asked Questions, and the Anatomical Gift Donation Form* thoroughly.

All fields are required to be completed, unless it states optional. Do not leave any fields blank. If a field is not applicable, please write “N/A.” If the answer is unknown, please write “unknown.”

#1-3, 23-25, 33 & 34: Name Fields:

- Please complete with ***full legal*** names.
- If there is no middle name, please check the box for “None”
- If an attempt to identify a middle name is unsuccessful, write “Unknown.”
- Do not use an initial unless that is the *legal* name on your Social Security card.
- If there are other variations of your legal name (aka or alias) used that are different on trust, DMV, insurance, etc, those names need to be listed in box #2.

#5: Social Security Number:

- Mandated by the State and used by DOH to verify your identity.
- All information is kept strictly ***confidential and secured***

#20: Ethnicity/Race:

- If Asian or European, please specify (ex: Korean, Chinese, Japanese, Italian, Swedish, British, etc.) This is required by DOH.
- If you have mixed ethnicity, please list all of them.

#22: Main Occupation & Industry:

- Your listed occupation will be the one you held during most of your life, prior to retirement.
- If you are/were? a homemaker, please list “Homemaker”. Your Industry will be “Own Home.”
- If you are/were? self-employed, or an owner, please list the Kind of Business/Industry you own.
- If your main occupation is/was? an officer of the armed services, please list rank, branch of service.

#23 & 24: Father & Mother’s Full Legal Names:

- This information is necessary for the Death Certificate.
- If you can’t remember, try seeking the information from your Birth Certificate or Marriage Certificate.
- If there are no middle names, please check the “None” box.
- Mother’s Maiden name (her last name at birth), must be listed, not her married name.

#25: Spouse Information:

- The full legal ***birth name*** of your spouse should be listed here.



INSTRUCTIONS

For Completing Your Anatomical Gift Donation Form (cont.)

#26-32: Brief Medical History and Information:

- This section is important for the Director. It will help him place you into the best teaching program suited for your donation. Due to the HIPAA (Health Insurance Portability and Accountability Act) policy, your physician cannot share this information with us, therefore, it is your decision if you wish to disclose.
- #27-28: If past medical history is longer than the space provided, you may submit the information on an extra sheet of paper.
- #29: Please be honest, serology testing is performed to ensure a safe teaching environment for our programs
- #30: We are unable to accept anyone over 250 lbs, please be honest as your family will be responsible for the disposition of your remains in the event we are unable to accept your donation at the time of your death.

#33: Cremaains:

- You may choose to have your cremaains scattered at sea, or returned to a designated person.
- The person you choose to receive your cremaains does not have to be your Next-of-Kin (NOK).
- You may change your mind at any time regarding the decision to scatter, return, or name of your designated person. Please contact us in writing to make the cremaains status change.

#34: Designated Legal Next-of-Kin (NOK):

- This person will be responsible for your affairs after your death.
- This would typically be your Spouse, Adult Child, Adult Sibling, or Surviving Parent.
- If you do not have a living NOK, the person you designate should be assigned legally to take care of your affairs. Please seek legal counsel for proper documentation and paperwork.

#35: Important Survivor Contact Information:

- It is important to list alternate family members or agents. We will contact someone from this list if we are unable to reach your primary designated NOK.
- We are only able to release information after your death to individuals listed on your donation form.
- If you are estranged from your family, still list their name(s) and contact information, but indicate as "Estranged."
- If you do not want us to contact an individual(s), please write a note indicating your wishes.

#36: Permanent Donation:

- At this time, the WBP give you the choice of permanently donating part of your body for long-term teaching or research.
- The remainder of your body will be cremated, with cremaains being scattered at sea, or returned based on your request.
- We highly recommend choosing 'Yes' as it allows our program more flexibility in placing you in the teaching/research program best for you.



INSTRUCTIONS

For Completing Your Anatomical Gift Donation Form (cont.)

Anatomical Gift Donation Form Signatures:

- Print your full legal name and **carefully read the statement**. Please sign & print your name, date, and complete your contact information. If the form is not signed, it will be returned for completion.
- If you are unable to sign, your Power of Attorney (POA) or legal NOK may sign for you, using their name and indicating how they are related. Please provide us a copy of the POA document and any health care directive, will, or legal document that **shows your intent to donate**.
- **Two** witnesses are required to sign your form. If there is only one signature, the form will be returned for completion. ***Important Note***: The person who signs on your behalf **cannot** sign as a witness.
- If you have access to a notary public, you may have your forms notarized instead of two witnesses.

Once the Anatomical Gift Donation Form has been completed in full, including **all required original signatures**, please keep a copy for your records and **mail the completed/signed original form to:**

University of Hawai'i at Mānoa, JABSOM
Dept. of Anatomy, Willed Body Program
651 Ilalo Street, BSB 119
Honolulu, HI 96813

After the **original** Anatomical Gift Donation Form, has been received, reviewed, and accepted, you will be sent an Acknowledgement letter, a green-colored Donor Identification Card, and a set of *Survivor Instructions*. The Donor Identification card should be carried with you at all times.

Thank you for your consideration in giving a lasting gift that will foster care and healing for generations to come. If you have any additional questions, please contact us at 808-692-1445 between the hours of 8:00am and 4:30pm, HST, Monday through Friday, or by email at wbdonor@hawaii.edu.

Sincerely,

The Willed Body Program Staff