

DIRECTION FOR USE OF MY BODY AFTER DEATH

I, _____ hereby record my wish that, following my death, my body is to be delivered promptly and intact to the Department of Anatomy, Physiology, and Pharmacology of the College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, for legitimate medical education and/or scientific research purposes* at the aforementioned College of Medicine, as the Department of Anatomy, Physiology, and Pharmacology may deem appropriate.

General Information about DONOR: (PLEASE PRINT)

Please circle one, if applicable: Mr. / Mrs. / Ms. / Dr.	Legal Last Name:	Legal First Name:	Preferred First Name:	
Marital Status:	Maiden Name, if applicable:		If married <u>OR</u> divorced, provide full name of husband or full maiden name of wife:	
Birth Month:	Birth Day:	Birth Year:	Please circle one: Male / Female	
Mailing Address:		City:		Province: Postal Code:
Primary Phone Number:	Email Address:	Health Card Number:	Occupation during majority of life:	
Birth City:	Birth Province:	Birth Country:		
Family Physician Name:		Family Physician Full Address:		

Donor's Signature: (REQUIRED)

Signed at: (City/Town and Province)

Month:

Day:

Year:

If my body is accepted, final disposition of my remains may be made by the said Department of Anatomy, Physiology, and Pharmacology as follows:

PLEASE CHECK ONE:

	A	It be cremated and the cremated remains returned to the person designated below
	B	It be cremated and the cremated remains interred in Woodlawn Cemetery, Saskatoon, Saskatchewan
	C	It be cremated and other arrangements be made by, and at the expense of, my estate

An organ or part from my body may be so useful for teaching and/or research purposes that it will be desirable to preserve it for study by future students and/or researchers. To prevent deterioration, the Department of Anatomy, Physiology, and Pharmacology may wish to preserve or "plastinate" one or more body parts or organs for long-term use.

PLEASE CHECK IF YOU AGREE WITH THE FOLLOWING:

____ Part or all of my body may be permanently preserved for teaching and/or research purposes at the College of Medicine, University of Saskatchewan, as determined by the Department of Anatomy, Physiology, and Pharmacology.

Family Information: (PLEASE PRINT)

FATHER'S LEGAL LAST NAME:	GIVEN NAMES:	CITY OF BIRTH:	COUNTRY OF BIRTH:
MOTHER'S MAIDEN NAME:	GIVEN NAMES:	CITY OF BIRTH:	COUNTRY OF BIRTH:

Executor Information, if applicable: (PLEASE PRINT)

Executor's Name:			
Address:		City:	Province: Postal Code:
Primary Phone Number:		Email Address:	

Next of Kin Information: (PLEASE PRINT)

Please circle one, if applicable: Mr. / Mrs. / Ms. / Dr.	Last Name:	First Name:	Relationship to Donor:
Address:		City:	Province: Postal Code:
Primary Phone Number:		Email Address:	

Witness Signatures: (Any two people over the age of 21)

Witness Signature: (REQUIRED)	Witness Address:
Witness Signature: (REQUIRED)	Witness Address:

SEE BACK OF FORM FOR INSTRUCTIONS DIRECTION FOR THE USE OF MY BODY AFTER DEATH

Any research project will have been reviewed and approved on ethical grounds by the University of Saskatchewan Biomedical Research Ethics Board, or by the University board that may in the future assume the duties and responsibilities of the Biomedical Research Ethics Board. The Research Ethics Board is composed of scientists, physicians, ethicists, lawyers, and community members who together provide independent oversight and review of human research studies.

PLEASE NOTE:

1. Acceptance of Donation

The University reserves the right, for any reason, to decline acceptance of a body. Donors are therefore encouraged to inform their next of kin or executor of this possibility. If the body is not accepted by the Department of Anatomy, Physiology, and Pharmacology, the next of kin or executor must make alternative arrangements, and all related expenses will be the responsibility of the donor's estate.

If death occurs outside the Province of Saskatchewan, acceptance of the bequest cannot be guaranteed and will depend primarily on the laws of the jurisdiction in which death occurs.

2. Notification of Next of Kin

Upon completion of studies by the Department, either the remains or the grave number at Woodlawn Cemetery will be communicated to the designated next of kin. It is essential that the Department be provided with the complete and current address of this individual.

3. Distribution and Retention of This Form

This form, *"Direction for the Use of My Body After Death,"* should be retained as follows:

- a) White copy: Department of Anatomy, Physiology, and Pharmacology, College of Medicine
- b) Yellow copy: Donor (for personal records)
- c) Pink copy: Family physician (for information)
- d) Orange copy: Legal agent, family member, or close friend, who is responsible for promptly contacting the physician at the time of death to ensure arrangements are carried out as indicated on this form

If, prior to death, the donor is a patient in a hospital or extended care facility, a duplicate copy of this form should be placed in the individual's medical record at that facility.

Upon receipt of the white copy by the Department, a wallet-sized donor card will be issued and may be carried by the donor if desired. Donors may also choose to attach an unsigned note to the white copy, addressed to the medical students who will study their body, explaining their motivation for making this donation.

4. Autopsy Considerations

If an autopsy is required, the attending physician is asked to notify the Head of the Department of Anatomy, Physiology, and Pharmacology (or designate). If, as a result of the autopsy or for any other reason, the body is deemed unsuitable for medical education or scientific research and is not accepted, responsibility for burial or cremation will rest with the executor or administrator of the donor's estate.

SUMMARY OF PROCEDURES AT THE TIME OF DEATH

1. Notification

The individual legally in possession of the body must contact the Department of Anatomy, Physiology, and Pharmacology, College of Medicine, University of Saskatchewan, as soon as possible to allow for acceptance or declination of the donation.

Phone: 306-966-4075 (24-hour answering service)

2. Memorial Services

If a memorial service or gathering is held, all associated expenses are the responsibility of the donor's estate. The Department must receive the remains within 24 hours of death.

3. Delivery of the Body

If accepted, the body, along with the registration of death and a copy of this form, must be delivered to the Department of Anatomy, Physiology, and Pharmacology.

RETURN OF WHITE COPY (with original signatures)

Department of Anatomy, Physiology, and Pharmacology
College of Medicine, University of Saskatchewan
GA20 – 107 Wiggins Road
Saskatoon, SK S7N 5E5