☐**New Registration**
☐**Updated forms (previously registered)**

University of Southern California

Keck School of Medicine
ANATOMICAL GIFT PROGRAM
1333 San Pablo St., MMR 118, Los Angeles, CA 90089-9143
Phone: 323-442-1229 | Fax: 323-442-1191 | Email: agpinfo@usc.edu **| Website: www.agp.usc.edu**

I, _____, donate my body, immediately following my death, to the University of Southern California, Keck School of Medicine, 1333 San Pablo Street, Los Angeles, California 90089. My body shall be utilized by the University of Southern California, Keck School of Medicine ("USC") for teaching, scientific research, or such purposes as USC shall, in its sole discretion, deem advisable, subject to applicable California laws and regulations governing anatomical gifts. I authorize USC to cremate my body at the conclusion of its studies. I adopt these descriptive and declarative terms and conditions as my own and make them my instructions for the disposition of my body upon my death.

1. Final Disposition of Remains

Upon completion of the use of my body or any part of my body, I elect the following disposition of any remaining material (choose one):

_____ Cremation **without** the return of cremated remains. I designate the USC Anatomical Gift Program or its assignee to dispose of the cremated remains consistent with applicable law. I specifically waive my rights under subdivision (b) of Section 7151.40 of the California Health & Safety Code, which provides that cremated remains shall be disposed of by placing them in a grave, crypt, or niche, or by scattering them at sea or in a cemetery scattering garden. *(Leave page 2 and 8 blank.)*

OR

_____ Cremation **with** the return of cremated remains pursuant to the instructions set forth below. (*Continue to Page 2 to provide disposition instructions, leave page 8 blank.*)

OR

_____ Cremation **with** ultimate disposition in accordance with the terms of the attached "DISPOSITION INSTRUCTION FORM." (*Continue to Page 8 to provide disposition instructions, leave page 2 blank.*)

THIS SECTION IS TO BE COMPLETED IF YOU HAVE ELECTED "CREMATION <u>WITH</u> THE RETURN OF CREMATED REMAINS," IN SECTION ONE, ABOVE.

Individual to whom my cremated remains are to be returned:

Name: _____

Relationship to donor: _____

Address:_____

_____

Phone Number: _____

Email:_____

In the event that the above-named individual is unable or unwilling to accept the return of my remains, or USC is unable to locate the above-named individual after making reasonable efforts to do so, I hereby direct USC as follows (choose one):

_____ Dispose of my cremated remains consistent with applicable law. I specifically waive subdivision (b) of Section 7151.40 of California Health & Safety Code.

_____ If the above-named individual is unable or unwilling to accept the return of my remains, I request that my cremated remains be returned to the following alternate recipient:

Name: _____

Relationship to donor: _____

Address:_____

_____

Phone Number: _____

Email:_____

In the event that the above-named alternate recipient is unable or unwilling to accept the return of my remains, or USC is unable to locate the above-named individual after making reasonable efforts to do so, I hereby authorize USC to dispose of my cremated remains consistent with applicable law. I specifically waive my rights under subdivision (b) of Section 7151.40 of the California Health & Safety Code.

2. Retention of Remains for an Unspecified Period of Time

Your decision to make an anatomical gift to USC is sincerely appreciated. Your gift will greatly enhance the education of future health care providers. Sometimes further benefits can be derived from your donation by long-term retention of portions of your body. For example, there may be significant educational benefit in retaining specimens demonstrating organ processes in pristine condition, so that students or researchers may study the specimens.

THIS SECTION IS TO BE COMPLETED IF YOU WISH TO ALLOW USC TO RETAIN A PORTION OF YOUR BODY FOR AN UNSPECIFIED PERIOD OF TIME FOR EDUCATIONAL PURPOSES.

Leaving this section of the document incomplete does not affect your decision to donate your entire body to USC.

By signing this section, I am giving my permission to USC to retain portions of my body for an extended period of time before my body, or any portion thereof, is sent for cremation. Thus, the retained portion(s) of my body will not be included when my remains are cremated and disposed of in accordance with my wishes as indicated in Section 1, above. I understand that the retained portion(s) of my body may be cremated at a future time and will not be returned, and I hereby waive any right to the return of such retained portions.

SIGNATURE OF DONOR: _____ DATE: _____
The donor's signature acknowledges an understanding of donor responsibilities and Anatomical Gift Program policies. Donor certifies that they are at least 18 years of age or an emancipated minor, and are of sound mind and under no duress or unique influence in executing this document.

PLEASE PRINT (Donor Information)
NAME: _____

ADDRESS _____

PHONE: _____

3. Additional Acknowledgements

All items in this section must be initialed by the donor as a condition of acceptance.

I have read, understand, and acknowledge the following:

a) I understand that this is a legal document and my indications expressed in this document cannot be changed by my family or heirs except for by a court order or with a document executed after the date indicated in this document.

Initials of donor _____

b) USC retains the right to decline donations at any time for any reason.

Initials of donor _____

c) Generally, most studies are concluded within four (4) years from the time of donation. If I have designated a recipient to whom my cremated remains are to be returned, the cremated remains must be picked up within three (3) years after the date of cremation. If USC does not hear from the designated recipient within three (3) years following the cremation, I understand that the cremated remains will be disposed of in accordance with California Health & Safety Code Section 71oo et seq., which may include transfer to the Los Angeles County Coroner for disposition consistent with the County's practices in place at that time.

Initials of donor _____

d) A donated body and/or part of the body may be provided to educators, students, researchers or others at USC campuses/laboratories for educational, research, or scientific purposes in accordance with California Health & Safety Code Section 7150.10 et seq. This may include USC hosted courses led by researchers, non-profit entities and entrepreneurial entities, such as those who develop surgical instruments or healthcare products, provided such use is for educational, research, or scientific purposes. When a donation is made, donors, survivors and/or responsible parties cannot designate the specific uses to which the body will be put nor the specific persons or entities that will use the body, subject to the limitations set forth in applicable law.

Initials of donor _____

e) Under no circumstances will USC return any items that are part of the donation such as implants, pacemakers, teeth or inlays, etc. once the Donor has been transported to the Program's facilities.

Initials of donor _____

f) Generally, USC accepts donations from Los Angeles, Orange, San Bernardino, Riverside, San Diego, Imperial, Santa Barbara, and Kern Counties. However, compliance with State and County regulations regarding the timely filing of appropriate paperwork may impede USC's ability to accept donations. USC may not accept an anatomical gift if:
    a. Embalming has already occurred
    b. An autopsy has been performed, or any vital organs other than eyes have been removed for transplant donation
    c. The Donor weighs 200 pounds or more and/or has a Body Mass Index of 30 or greater at the time of death
    d. Decomposition of the body due to time or place of death or trauma has caused the donation to be unsuitable for anatomical studies
    e. The Donor presents with certain conditions including, but not limited to: recent surgery; decubitus ulcers*; jaundice*; hepatitis; HIV, Creutzfeldt-Jakob disease; Methicillin-resistant staphylococcus aureus (aka MRSA); Covid-19; or any other contagious or infectious disease.

Initials of donor _____

* USC may accept donations from a Donor presenting with decubitus ulcers and/or jaundice, depending on UCS's capacity to accept donations allocated to surgical skills training and/or education.

g) USC faculty, staff, or students may photograph, videotape, or create digital imagery of (e.g., MRI, CT, X-ray, etc.) certain Donor remains or materials which may be used for educational, instructional, or research purposes. By signing below, I permit my remains to be photographed, videotaped, or otherwise captured in digital imagery for these purposes. These photographs or videotapes, which may include still images, motion recordings, prints, negatives and/or any other visual and audio recordings, or reproductions in any format (collectively, the "Footage"), may be used by USC or other medical and/or academic institutions, entities, and organizations for educational, instructional, or research purposes only. These uses may include, but are not limited to, use in textbooks or educational software, research databases, etc. The Footage will not include any identifying features. USC is and shall be the sole and exclusive owner and holder of all intellectual property rights, title, and interest to any and all the Footage, including copyrights. By signing this document, I waive any right to compensation for such uses, and I and my successors or assigns also release and hold harmless USC, its trustees, officers, employees, and agents from and against any claim, liability, loss, damage, or expense (including reasonable attorneys' fees) in connection with the use of the Footage and any compensation resulting from the activities I authorized in this document.

Initials of donor _____

h) USC has an ongoing need for donations and carefully reviews all possible donations for educational and research purposes. USC strives to accept most donations; however, Donors (or their families and heirs) should plan alternative arrangements for cremation and/or burial, in the event a donation is not accepted.

Initials of donor _____

i) No written report of findings concerning a donated body will be made to any individual or organization.

Initials of donor _____

j) Delivery of an executed Agreement to USC may be made by facsimile or electronic mail and shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

Initials of donor _____

Please call 323-442-1229 for both general information during business hours and for emergency service. This telephone number is equipped with voice mail to ensure that messages received on weekends, holidays and evenings will be responded to promptly the next business day. **USC must be notified of the death of the donor as soon as reasonably practicable, and in no event later than 48 hours after death.** Our policies and procedures are subject to change from time to time.

[*Remainder of Page Intentionally Blank; Signature Page to Follow*]

SIGNATURE OF DONOR: _____ **DATE: _____**
My signature acknowledges an understanding of donor responsibilities and Anatomical Gift Program policies. I understand that signing this document does not guarantee acceptance of donation. I hereby certify that I am at least 18 years of age or an emancipated minor, and that I am of sound mind and under no duress or unique influence in executing this document.

PLEASE PRINT (Donor Information)

NAME: _____

ADDRESS: _____

PHONE: _____

THE SIGNATURE OF THE DONOR MUST EITHER BE (1) WITNESSED BY TWO INDIVIDUALS, ONE OF WHOM IS A "DISINTERESTED WITNESS," OR (2) NOTARIZED BY A NOTARY PUBLIC.

1. WITNESSES. (PLEASE PRINT.)

We, the undersigned, have witnessed the signing of this document by the donor.

Witness (1)		**Witness (2) (Disinterested**)**	
Signature	_____	**Signature**	_____
Printed Name	_____	**Printed Name**	_____
Relationship	_____	**Relationship**	_____
Address	_____	**Address**	_____
	_____		_____
Phone	_____	**Phone**	_____

**"Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under California Health & Safety Code Section 7150.50.

2.

NOTARIZATION

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me,

_____

(insert name and title of Notary Officer)

personally appeared

_____

who has proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

(Signature of Notary Officer)

(THIS SECTION IS TO BE COMPLETED IF YOU HAVE ELECTED "CREMATION WITH ULTIMATE DISPOSITION IN ACCORDANCE WITH THE TERMS OF THE ATTACHED 'DISPOSITION INSTRUCTION FORM'" IN SECTION ONE, ABOVE.)

In connection with my decision to donate my body, upon my death, to USC through the USC Anatomical Gift Program for educational, research, or scientific purposes, I provide the following instructions for the disposition of my remains upon completion of the use of my body or any part of my body.

I understand that USC will make reasonable efforts to carry out my wishes as described below. I agree that, in the event USC is unable to carry out my wishes as described below, USC is authorized to dispose of the cremated remains consistent with applicable law. I specifically waive subdivision (b) of Section 7151.40 of California Health & Safety Code. I understand that this waiver is voluntary and that I have the right to refuse to waive this provision.

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF DONOR: _____ **DATE: _____**
I hereby certify that I am at least 18 years of age or an emancipated minor, and that I am of sound mind and under no duress or unique influence in executing this document.

PRINTED NAME OF DONOR: _____

WITNESS SIGNATURE: _____ **DATE: _____**

PRINTED NAME OF WITNESS: _____

BRIEF MEDICAL HISTORY

NOTE: THE INFORMATION YOU SUPPLY WILL REMAIN CONFIDENTIAL. BY PROVIDING THIS INFORMATION, YOU AUTHORIZE USC TO USE IT FOR PURPOSES RELATED TO THE ANATOMICAL GIFT PROGRAM, INCLUDING EDUCATIONAL, RESEARCH, AND SCIENTIFIC PURPOSES. THIS INFORMATION WILL BE PROTECTED IN ACCORDANCE WITH APPLICABLE PRIVACY LAWS, INCLUDING THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND THE CALIFORNIA CONFIDENTIALITY OF MEDICAL INFORMATION ACT (CMIA).

Name: _____ Current Height:_____ Current Weight:_____

Childhood Diseases: _____

Abnormalities or Malformations: _____

_____

Please include approximate dates and duration. If additional space is needed, use a separate sheet and attach it to this form.

Diagnosis and Illnesses:_____

_____

_____

_____

_____

Surgical History:_____

_____

_____

_____

Accidents and Effects:_____

_____

_____

Additional Information:_____

_____

_____

VITAL STATISTICS

PLEASE ANSWER THE REQUIRED INFORMATION AS COMPLETELY AS POSSIBLE. THE VITAL STATISTICS ARE NECESSARY FOR USC TO FILE THE DEATH CERTIFICATE, AS REQUIRED BY CALIFORNIA LAW, AT THE TIME ONE'S REMAINS ARE RECEIVED. PLEASE NOTIFY USC IN WRITING OF ANY CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION TO ALLOW US TO KEEP OUR RECORDS CURRENT.

Legal Name: _____ **Gender**:_____
(First Middle Last)

AKA: _____ **Date of Birth**: _____ **Place of Birth**:_____

Ethnicity:
☐Caucasian
☐Black or African American
☐Native American
☐Asian
Specify:_____
☐Hispanic
Specify:_____
☐Other
Specify:_____
☐Pacific Islander
Specify:_____

U.S. Military Service:
☐Yes
☐No

Primary Education:
☐Diploma
☐GED
☐Neither:
Years completed _____

Secondary Education:
☐N/A
☐Some College
☐Associate's Degree
☐Bachelor's Degree
☐Master's Degree
☐Doctorate Degree (e.g., PhD, EdD)
☐Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

Marital Status:
☐Never Married
☐ Legally Married
☐State Registered Domestic Partner
☐Widowed
☐ Legally Divorced

County of Residence:
☐Los Angeles
☐Orange
☐San Bernardino
☐Riverside
☐Ventura
☐Other
# of Years in County: ____

Occupation: (If retired, please state your occupation prior to retirement) _____

Type of business/field: _____ **Years in Occupation (prior to retirement)**_____

Father's Name: _____ **Place of Birth**: _____
(First) (Full Middle Name) (Last)

Mother's Name: _____ **Place of Birth:** _____
(First) (Full Middle Name) (Maiden Name)

Name of Spouse: (If wife, please state maiden name) _____
(First) (Full Middle Name) Maiden Last Name)

Family Information:

Legal Next-of-Kin is determined pursuant to Section 7100 of the California Health & Safety Code, in the following order of priority:

(1) An agent under a power of attorney for health care
(2) Competent surviving spouse.
(3) Competent child(children)
(4) Competent parent or parents
(5) Competent adult sibling(s)
(6) Competent adult person or persons respectively in the next degrees of kinship
(7) A conservator of the person appointed under Division 4 of the Probate Code
(8) A conservator of the estate appointed under Division 4 of the Probate Code
(9) The public administrator

Legal Next-of Kin:

Name-_____

Relationship: _____

Address-_____

_____

Phone Number-_____

Email:_____

Other family/heirs

Name-_____

Relationship: _____

Address-_____

_____

Phone Number-_____

Email:_____

Name-_____

Relationship: _____

Address-_____

_____

Phone Number-_____

Email:_____

Name-_____

Relationship: _____

Address-_____

_____

Phone Number-_____

Email:_____

Name-_____

Relationship: _____

Address-_____

_____

Phone Number-_____

Email:_____

USC must be notified of the death of the donor within 48 hours