

Guidelines: MUSC Anatomical Gift Program

The MUSC Anatomical Gift Program is conducted according to the Revised Uniform Anatomical Gift Act adopted May 6, 2009, by the South Carolina General Assembly, to enable individuals to donate their bodies to medical science. At the Medical University of South Carolina, donated bodies are used for teaching students in various health programs such as medicine, dentistry, and allied health, as well as some advanced studies in later years of training and residency.

Who may donate? The Medical University of South Carolina graciously appreciates your interest in our Anatomical Gift Program. The program requires a donor to be an individual of sound mind and 18 years of age or more. Individuals wishing to become donors must be pre-registered with the program prior to time of death. The person whose body will be received by the Program must be the person who signs the MUSC Anatomical Gift Program donation form.

The MUSC Anatomical Gift Program can not accept next-of-kin donations.

Becoming a donor Our students need to study bodies not altered by major disease or major surgery. Potential donors to the Anatomical Gift Program should take note that a donation can be declined at time of death based on the following points of medical history:

- Major involvement of metastatic disease (cancer, with extensive spread of tumors)
- Extreme obesity (body weight must be proportional to height)
- Amputations of upper or lower limbs (due to disease or trauma)
- Removal of organs (organ donors are not accepted, except those donating eyes only)
- Autopsy (requirement for autopsy supersedes donation of whole body)
- History of specific contagious diseases: hepatitis, meningitis, tuberculosis, HIV/AIDS
- Dementia from Creutzfeldt-Jakob virus (spongiform encephalitis)
- Any major trauma to the body (due to accident, suicide, etc.)

Potential donors must complete, with witnesses, both the Anatomical Gift form and the background information form in its entirety and return the completed, signed forms to:

MUSC Anatomical Gift Program
Center for Anatomical Studies and Education
Department of Regenerative Medicine and Cell Biology
Medical University of South Carolina
173 Ashley Avenue, BSB 601
MSC 508
Charleston, SC 29425-5080

The Anatomical Gift Program reserves the right to decline donations at any time, in case of unforeseen circumstances (for example, in the rare case that our storage facility is at full capacity). Alternate arrangements should be made to provide for care of your remains should we be unable to accept your donation. Donors may withdraw from the program at any time.

After completion of anatomical studies, the donor bodies are cremated and the ashes are interred at a local cemetery. The Medical University of South Carolina does not automatically return the cremated remains of donors. However, arrangements have been made with our local cremation center to return the cremated remains to your designee. **If you would like this to be done, please check this option on the donor form.**

November 2018

MUSC Anatomical Gift Program

Contact phone numbers:

Business Hours, M-F, 9 AM-5 PM:

(843) 792-3521

Nights, Weekends and Holidays:

(843) 792-3521

*Listen to the **entire** message for appropriate directions.*

INSTRUCTIONS PERTINENT TO MUSC ANATOMICAL GIFT PROGRAM FORMS

1. Each copy of the enclosed Uniform Anatomical Gift Program form **must be signed by the donor** in the presence of two adult witnesses. It is imperative that both witnesses and the donor who sign the form affix their signatures in the presence of the donor and each other.
2. One copy **must be returned** to the Anatomical Gift Program, Medical University of South Carolina. The other form should be retained for the donor's files. Upon receipt of the completed form, review and acceptance into the program, the Medical University will send a donor card to the new donor. A copy of the bequest should be given to a responsible relative, physician, clergyman, or other person, so that he/she may notify the Medical University at the time of the donor's death.
3. The Donor Information sheet should be completed and returned along with the Anatomical Gift Program form. The information requested is required to complete the Death Certificate.
4. **Upon the death of the donor during regular business hours (M-F, 9 AM – 5 PM):** the responsible individual should **call (843) 792-3521**, listen to the entire menu, follow the appropriate prompts and provide the staff member on duty the full name, spelling of last name and social security number (if available) of the deceased.

After hours (M-F, between 5PM-9AM), or on weekends or holidays: the responsible individual should **call (843) 792-3521** and listen to the entire message for appropriate instructions.

Callers will be asked to leave a message including the caller's name and phone number and the full name, spelling of last name, and social security number (if available) of the deceased. The staff member on duty will return the call as soon as possible. We have a 24-hour transportation service available, but in case of delay, it will be the responsibility of the family or healthcare unit to make temporary arrangements for disposition of the decedent until the transportation service arrives.

5. The donated body **should not be embalmed or autopsied**, but should be placed under refrigeration in a standard facility until arrangements for transporting the remains to the Medical University are completed.
6. The attendant expenses such as preparation of the remains, embalming, storage and cremation will be the responsibility of the Medical University of South Carolina. If death occurs within the state of South Carolina, cost of transportation to MUSC facilities is covered by the program. In cases where transportation to MUSC facilities cannot occur in a timely manner, the donor's estate or family must pay for costs to transport to the nearest appropriate or licensed facility for refrigeration until which time transportation to MUSC can occur. **If the donor is out of South Carolina at the time of death** and the family wishes to have the body transported to MUSC facilities, cost of transportation to MUSC facilities is the responsibility of the donor's estate or family. If the family wishes to have the body donated but cannot pay transportation costs to MUSC, then the nearest medical school in that state/country should be contacted to receive the donation (this is the responsibility of the family).
7. At the end of the studies, The MUSC Anatomical Gift Program will make arrangements with a local funeral home for cremation, and the cremated remains will be interred in a local cemetery. Individuals, or families, desiring to have the cremated remains returned to the family or other designee must so indicate at the time of enrollment. There is no fee for this service.
8. The Medical University of South Carolina is under no obligation to perform postmortem examinations.
9. The MUSC Anatomical Gift Program prepares Death Certificates for the donors to our program. The Death Certificate is sent to the attending physician for signature and then filed in the Vital Records Office of the South Carolina Department of Health and Environmental Control (DHEC) responsible for the county where death occurred. Please be aware that this process may take a couple of weeks to be completed.
The MUSC Anatomical Gift Program cannot provide copies of the Death Certificate, needed for legal and estate purposes. Official copies must be obtained by applying to one of the four DHEC Regional Vital Records Office that is responsible for the county where death occurred.
Contact information may be found at: <http://www.scdhec.gov/VitalRecords/DeathCertificates/>
and office locations at: <http://www.scdhec.gov/VitalRecords/Locations/>
10. If at any time you wish to withdraw your donation, please return your form and card **by mail** to the Anatomical Gift Program at the Medical University of South Carolina. We will then remove your name from our active database.
11. Religious services, if they are to be carried out with the body present, should be conducted before the Medical University takes possession of the remains. However, it is urged that the donated remains be transported to the Medical University as soon as possible after death.
12. Each year there is a Service of Remembrance and Gratitude for those individuals who have donated their physical beings to medical education, held in the Medical University Chapel of St. Luke (at the corner of Ashley Avenue and Bee Street in Charleston). Families of the donors will be notified of the exact date of this service.

Please retain these instructions in your files.

IMPORTANT

The Medical University of South Carolina reserves the right to refuse donations depending upon the condition of the body and/or the needs of this institution. Please have alternative contingency plans made to cover this possibility.

MUSC Anatomical Gift Program

Pursuant to the provisions of the Uniform Anatomical Gift Act of the State of South Carolina
(Sections 44-43-310 through 44-43-400 Code of Laws of South Carolina, 2009, as Amended),

I, _____, being of sound mind

(Name of Donor – Please type or print clearly)

and over the age of eighteen (18) years, do hereby, effective at the time of my death, give my entire body to the Medical University of South Carolina for the purposes of health science education.

Signed before two witnesses, with each in the presence of the other, this

the _____ day of _____, _____
(month) (year)

Donor (signature)

1st Witness (Print name)

Date of Birth of Donor

1st Witness (Signature)

Mailing address of Donor

Mailing address of 1st Witness

Telephone # of Donor

2nd Witness (Print name)

2nd Witness (signature)

Mailing address of 2nd Witness

Next of Kin (please print)

(Alternate contact:) Next of Kin (please print)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

The Medical University of South Carolina reserves the right to refuse donations depending upon the condition of the body and/or the needs of this institution.

Please have alternative contingency plans made to cover this possibility.

Please check one of the following:

____ I *do* want to have the cremated remains returned.

____ I *do not* want to have the cremated remains returned.

Revised November 2011

SIGN AND RETURN THIS FORM TO MUSC ANATOMICAL GIFT PROGRAM

MUSC Anatomical Gift Program

Pursuant to the provisions of the Uniform Anatomical Gift Act of the State of South Carolina
(Sections 44-43-310 through 44-43-400 Code of Laws of South Carolina, 2009, as Amended),

I, _____, being of sound mind

(Name of Donor – Please type or print clearly)

and over the age of eighteen (18) years, do hereby, effective at the time of my death, give my entire
body to the Medical University of South Carolina for the purposes of health science education.

Signed before two witnesses, with each in the presence of the other, this

the _____ day of _____,
(month) (year)

| | |
|---------------------------------|--|
| _____ | _____ |
| <i>Donor (signature)</i> | <i>1st Witness (Print name)</i> |
| _____ | _____ |
| <i>Date of Birth of Donor</i> | <i>1st Witness (Signature)</i> |
| _____ | _____ |
| <i>Mailing address of Donor</i> | <i>Mailing address of 1st Witness</i> |
| _____ | _____ |
| <i>Telephone # of Donor</i> | <i>2nd Witness (Print name)</i> |
| | _____ |
| | <i>2nd Witness (signature)</i> |
| | _____ |
| | <i>Mailing address of 2nd Witness</i> |

Next of Kin (please print)
Name: _____
Relationship: _____
Address: _____

Telephone: _____

(Alternate contact:) Next of Kin (please print)
Name: _____
Relationship: _____
Address: _____

Telephone: _____

**The Medical University of South Carolina reserves the right to refuse donations
depending upon the condition of the body and/or the needs of this institution.**

Please have alternative contingency plans made to cover this possibility.

Please check one of the following:

____ I **do** want to have the cremated remains returned.

____ I **do not** want to have the cremated remains returned.

Revised November 2011

SIGN AND KEEP THIS COPY FOR YOUR FILES.

Check One: New
 Update

MUSC ANATOMICAL GIFT PROGRAM - DONOR INFORMATION

Please complete the information requested below and return to the
MUSC Anatomical Gift Program. It is required in order to complete your death certificate.
PLEASE PRINT LEGIBLY OR TYPE ENTIRE FORM.

Name: _____ **SSN:** _____ - _____ - _____
Last First Middle

Mailing Address: _____

Street Address: _____ Inside City Limits: Yes
Street and Number if Different from Mailing Address No

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: () - _____ Date of Birth (mm/dd/yyyy): ____/____/____

State and City of **Birth:** _____ **Citizen of What Country:** _____
(if not USA, name country)

Race: Caucasian Sex: Male Marital Status: Married
 Black Female Never married
 Hispanic _____ Widowed
(specify Cuban, Mexican, Puerto Rican, etc.) Divorced
 American Indian Separated
 Oriental
 Other _____ Served in Armed Forces: Yes
(specify) No

Education: Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5+
(Circle number of highest level of education completed)

Usual Occupation: _____ Business/Industry: _____
(Type done during most of working life, even if retired) (Indicate type of business/industry of occupation)

Spouse's Name (if wife give maiden name) _____
Last First Middle

Father's Name: _____
Last First Middle

Mother's Maiden Name: _____
Last First Middle

Next of Kin Name: _____ Relationship: _____
(Specify spouse, son, daughter, etc.)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Street and Number

Home Phone: () - _____ Alternate Phone: () - _____

E-mailAddress: _____

Signature: _____ **Date:** _____
(To my knowledge the above information is true and correct)

Yes, my cremated remains are to be returned to my Next of Kin.

MUSC Anatomical Gift Program

Contact phone numbers:

For **Information** and for notification of death of donor
during Business Hours, M-F, 9 AM-5 PM:

(843) 792-3521; first menu choice **1**; second menu choice **1**

For notification of death of donor
during Nights, Weekends and Holidays:

(843) 792-3521; first menu choice **1**; second menu choice **2**

*Listen to the **entire** message for appropriate directions.*

CONTACT INFORMATION FOR THE ANATOMICAL GIFT PROGRAM AT THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

Upon the death of the donor:

During regular business hours (M-F, 9 AM – 5 PM):

the responsible individual should call **(843) 792-3521**,
then choose **1** at the first menu choice and **1** at the second menu choice.

Listen to the entire menu, follow the appropriate prompts and provide the staff member on duty
the full name, spelling of last name and social security number (if available) of the deceased.

After hours (M-F, between 5 PM – 9 AM), or on weekends, or during holidays,

the responsible individual should call **(843) 792-3521**,
then choose **1** at the first menu choice and **2** at the second menu choice.

Listen to the entire message for appropriate instructions.

Callers will be asked to leave a message including the caller's name and phone number and the
full name, spelling of last name, and social security number (if available) of the deceased. The
staff member on duty will return the call as soon as possible.

[In case of a long delay, please call the MUSC paging operator at (843) 792-2123.]