Eligibility Criteria for Prospective Donors

We greatly appreciate your interest in UB's Anatomical Gift Program. To help you plan your next steps, and to determine whether you are a candidate for our program, carefully review the eligibility criteria below.

Eligibility Requirements

If capacity allows, and consistent with the standards of the American Medical Schools of New York (AMSNY), UB's Anatomical Gift Program will accept donations from donors who:

- are 18 years of age or older at the time of enrollment
- have been enrolled in our program for at least one month at the time of death
- reside in New York State and pass away in NYS within a 100-mile radius of the University at Buffalo

There are a number of conditions that make donors unsuitable for teaching and research, including, but not limited to, the exclusion criteria listed below.

Therefore, the Anatomical Gift Program cannot accept an anatomical gift if:

- the individual was obese at the time of death
- the individual had an infectious disease at the time of death (including COVID-19)
- an autopsy was performed
- any organs, excluding the eyes, were harvested for donation at the time of death

In order for UB's Anatomical Gift Program to accept a donation from an enrolled participant, program staff must be notified of the individual's death within 48 hours of the presumed time of death.

DISCLAIMER

Based on the above criteria, UB's Anatomical Gift Program reserves the right to respectfully decline an anatomical gift donation at their discretion.

Jacobs School of Medicine and Biomedical Sciences
University at Buffalo

DECLARATION OF CONSENT

I hereby direct that my body be delivered, after my death, to the State University of New York at Buffalo as an unrestricted gift for purposes of medical study and research; that such delivery be made as soon as possible, without embalming or autopsy. I further give UB the authority to control the disposition of my remains, taking into consideration my wishes as expressed below.

☐ Miss / ☐ Ms. / ☐ Mrs. / ☐ Mr. / ☐ _____

PLEASE PRINT FULL NAME IN BOX →→→→

Donor's signature MUST be witnessed by two (2) individuals, at least 18 years of age.

DONOR'S SIGNATURE: _____

Witness 1 Signature: _____ ***Witness 2 Signature:*** _____

Witness 1 Address: _____ ***Witness 2 Address:*** _____

_____ _____

DATE: _____

DONOR'S COMPLETE ADDRESS: _____

(Donor Mailing Address) _____

DONOR TELEPHONE NO.: _____

DONOR DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

(Power of Attorney may sign for Donor but MUST attach photocopy of POA verifying authority to sign.)

DISPOSITION OF ASHES: (Please Initial Choice)

1._____ Skinnerville Cemetery located on the University at Buffalo's North Campus.

2._____ Return ashes to **Next of Kin/Cemetery/Funeral Director** for private interment.

Name: _____ Telephone No. _____

Address: _____

Relationship to Donor _____

KEEP this copy for your records.

You may wish to make copies for your family, physician and/or attorney.

Anatomical Gift Program
128 Farber Hall, Buffalo, NY 14214
716.829.2913 (F) 716.829.2915
smbs-anatomicalgiftprogram@buffalo.edu
medicine.buffalo.edu/agp

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Witness 1 Signature: _____ ***Witness 2 Signature***: _____

Witness 1 Address: _____ ***Witness 2 Address***: _____

_____ _____

DATE: _____

DONOR'S COMPLETE ADDRESS: _____

(Donor Mailing Address) _____

DONOR TELEPHONE NO.: _____

DONOR DATE OF BIRTH: _____

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Name: _____ Telephone No. _____

Address: _____

Relationship to Donor _____

(You may wish to indicate a 2nd choice of individual for disposition of ashes, or additional instructions, on the reverse side.)

RETURN THIS ORIGINAL SIGNED FORM

(along with the EMERGENCY CONTACT and VITAL STATISTICS forms) **TO THE FOLLOWING ADDRESS:**

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214

Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo

EMERGENCY CONTACT INFORMATION

Please complete the following Donor and Emergency Contact information so that we may include the proper information on your wallet card.

Donor Information:

DONOR'S NAME: _____

DONOR'S ADDRESS: _____

_____

Emergency Contact Information:

NAME: _____

COMPLETE ADDRESS: _____

_____

RELATIONSHIP TO DONOR: _____

TELEPHONE NO.: _____

Please notify our office if this information changes so we may provide a new wallet card with the proper information.

Return with the Declaration of Consent and Vital Statistics forms to:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214

VITAL STATISTICS FORM

Donor - Please Print legibly the information needed to file death certificate

FIRST NAME _____ **MIDDLE INITIAL** _____

LAST NAME _____

DATE OF BIRTH _____

CITY AND STATE OF DONOR BIRTH _____

CURRENT LEGAL ADDRESS: _____

_____

YEARS OF U.S. ARMED FORCES IF APPLICABLE - *example*: 1970-72 _____

EDUCATION - *Circle One*:

<8th Grade 9th-12th Grade- No Diploma High School Diploma/GED

Some college-No degree Associates Degree Bachelor's Degree

Master's Degree Doctorate/Professional Degree

DONOR SOCIAL SECURITY NUMBER _____

DONOR CURRENT MARITAL STATUS - *Circle One*:

Never Married Married Widowed Divorced Separated

DONOR LAST USUAL OCCUPATION _____

TYPE OF INDUSTRY _____

NAME AND LOCALITY OF COMPANY OR FIRM (*Please do not enter Retired*) - IF NEVER WORKED OR HOMEMAKER APPLIES PLEASE ENTER AS SUCH

_____

BIRTH NAME OF DONOR'S FATHER _____

BIRTH NAME OF DONOR'S MOTHER (*Please give first name and mother's maiden name*)

_____

DONOR'S SURVIVING SPOUSE BIRTH NAME (Include Spouse's Maiden Name)

_____

Return this completed form to:

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Jacobs School of Medicine and Biomedical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214