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.
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.
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.

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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 1 Address: ____________________________

Witness 2 Signature: ____________________________
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

(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 INFORMATION form) TO THE FOLLOWING ADDRESS:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Department of Pathology and Anatomical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214-3000
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 that we may send an updated wallet card with the proper imprinted information. Return with the Declaration of Consent form to:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Department of Pathology and Anatomical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214-3000
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: UB Medical School
Anatomical Gift Program
3435 Main Street - 128 Farber Hall
Buffalo, New York 14214