



Stony Brook School of Medicine

Department of Anatomical Sciences

LETTER OF INFORMATION

Dear Donor:

Thank you for your interest in the Anatomical Donation Program of the Department of Anatomical Sciences at the Stony Brook University School of Medicine. Your decision to donate your body to medical research and teaching is greatly appreciated and will contribute toward the advancement of medical science and education.

INSTRUCTIONS

Return all forms to the Department of Anatomical Sciences. These include:

1. **Anatomical Gift Form** – signed by donor and witnessed by two others.
2. **Release Form** – signed by donor and witnessed by two others. If donor is unable to personally sign, this form must be signed by spouse, next-of-kin, guardian or estate executor.
3. **Personal Data Form** – The information contained on this form is **required** for filing of the death certificate.
4. **Medical History** – Space has been provided on the Personal Data Form for a brief medical history. This information has significant educational value, but inclusion of a history is voluntary.
5. **Social Security Benefits Form** – (This form only applies to those donors who have either a surviving spouse or a dependent under the age of 18). Although there is no fee for our services, the Department of Anatomical Sciences requests that when the Social Security Death Benefit of \$255 is available, the next-of-kin make a donation of this amount to the Department to help defray our expenses.

The completion and submission of these forms does not constitute a legal contract in any way. The donating of one's body after death is taken simply as an expression of one's personal desire; he or she is simply making a prior arrangement (**NOT COMMITMENT**) with an institution that would be complying with those wishes. The donor may change his/her mind at any time. Similarly, following the death of the donor, the next-of-kin may elect not to comply with the donor's wishes.

Should the donor wish to make his/her wish a legal requirement, this may be done by adding a codicil to his or her Will as follows: *I hereby direct that after my death my body shall be delivered to the Department of Anatomical Sciences, Health Sciences Center at the State University of New York at Stony Brook, for purposes of medical study or research. I further direct that my body shall be delivered to said school as soon as possible after my death **without autopsy or embalming.***

If at the time of death, a donor is diagnosed with certain communicable or infectious diseases (including, but not limited to, COVID-19, TB, hepatitis, AIDS, Creutzfeldt-Jacob Disease, and C-diff), the school has the option to reject the donation. Other reasons for rejection of the donation are prior autopsy, decomposition, severe burn victim, morbid obesity, or a donor under age 16. Skin and eye donations may be considered, but **other organ donations are incompatible** with the medical education and research goals of this donor program. Information regarding skin and eye donations will be provided upon request.

For **frequently asked questions**, please consult our web page:

<https://renaissance.stonybrookmedicine.edu/anatomy/grossanatomy/bodydonationfaq> Should you or any member of your family need additional information, or should anyone wish to discuss other aspects of our program, please do not hesitate to contact the Department of Anatomical Sciences at 631-444-3111.

**THE FOLLOWING INFORMATION IS DIRECTED
TO THE DONOR'S FAMILY AT THE TIME OF DEATH**

At the time of the donor's death either the attending physician, family member, hospital or other attendant should call **(631) 444-3111**. This telephone number is answered 24 hours a day including weekends and holidays.

Should the family desire the return of ashes after such time as the Department of Anatomical Sciences has completed utilization of the body, it will be possible to make their wishes known after the donor's remains have been received by the department. Notification will be given to the family as to the approximate date when studies will be completed so that the family may know in advance when to expect the return of the remains.

We ask that the next-of-kin keep the Department of Anatomical Sciences informed should their contact information change.

Again, we wish to thank you for your interest in our program.

Yours sincerely,



Susan G. Larson, Ph.D.
Professor and Program Director

ANATOMICAL GIFT FORM

I am over 18 years of age and of sound mind. I wish to make an anatomical gift of my entire body to the State University of New York at Stony Brook, Town of Brookhaven, Suffolk County, State of New York, for use in the Department of Anatomical Sciences, Renaissance School of Medicine, for purposes of medical study and research. I further direct that delivery of my remains be made as soon as possible after death **without autopsy or embalming.**

Date of Birth: _____ Social Security Number _____
 (Month/Day/Year)

Printed Name _____

Signature _____ Date Signed _____

Telephone _____ Email _____

Mailing Address _____
 Street City/Village/Town County

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
 (If any): _____

Mailing Address _____ Telephone: _____

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
 (If any): _____

Mailing Address _____ Telephone: _____

I understand that any remains not used by the Department of Anatomical Sciences may be forwarded to other medical and research facilities as designated by the administration of the Renaissance School of Medicine, State University of New York at Stony Brook.

Completed forms to be returned to:

Department of Anatomical Sciences
 Renaissance School of Medicine
 Health Sciences Center, T-8 Room 040
 State University of New York at Stony Brook
 Stony Brook, NY 11794-8081

RELEASE FORM

I hereby release the remains of _____ to the State University of New York at Stony Brook, Town of Brookhaven, Suffolk County, State of New York, for use in the Department of Anatomical Sciences, Renaissance School of Medicine, under stated conditions of donation for medical education and research. I understand that any remains not used by the Department of Anatomical Sciences may be forwarded to other medical and research facilities as designated by the administration of the Renaissance School of Medicine, State University of New York at Stony Brook.

All remains are cremated when studies are complete. Individual caskets are provided, and the University assumes the cost of cremation. While such return may not be possible in less than two years, request should be made at the time of death. I hereby authorize the Department of Anatomical Sciences to cremate the remains.

Printed Name _____

Signature _____ Date Signed _____

Telephone _____ Email _____

Mailing Address _____
Street City/Village/Town County

Relationship (if not donor) _____

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
(If any): _____

Mailing Address _____ Telephone: _____

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
(If any): _____

Mailing Address _____ Telephone: _____

If the donor is unavailable, the Release Form must be signed by the spouse, next of kin, guardian, or the estate executor. It may be sent to the address below, or it may be retained by the family. It must be available at the time of death to complete arrangements for donation.

Completed forms to be returned to:

Department of Anatomical Sciences
Renaissance School of Medicine
Health Sciences Center, T-8 Room 040
State University of New York at Stony Brook
Stony Brook, NY 11794-8081

PERSONAL DATA

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____
Street City/Village/Town County

Phone #: _____ Email: _____

Highest Education Level: _____

Social Security Number: _____ Place of Birth: _____

Father's Name: _____

Mother's First & Maiden Name: _____

Current Marital Status: _____ Spouse's First and Maiden Name: _____

Veteran: Yes ___ No ___ Years of Service: _____ Branch: _____

Usual Occupation: _____ Type of Business: _____
(Do not enter retired)

Name and Locality of Workplace: _____

Ethnic Group: ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ Asian ___ Native Hawaiian or Other Pacific Islander
___ Black or African American ___ American Indian or Alaska Native
___ White ___ Prefer not to answer

Next-of-Kin (NOK): _____ Relationship: _____

NOK Mailing Address: _____
Street City/Village/Town County

NOK Phone #: _____ Email: _____

MEDICAL HISTORY: (Please list only major illnesses and medical procedures)

SOCIAL SECURITY BENEFITS

The Department of Anatomical Sciences requests that when Social Security benefits for burial and cremation are available, they be claimed and contributed to the Medical School to help defray the expenses incurred for filing the death certificate as well as transportation and cremation permits, through our contractual arrangements with a funeral director.

The Renaissance School of Medicine does not wish to deprive the family of the deceased person from receiving the lump sum death payment, therefore, we only request Social Security reimbursement for expenses actually incurred, never to exceed the total sum death benefits payable (\$255.00).

This form must be signed by your spouse and returned to the address below. Donation should be payable to the Department of Anatomical Sciences.

DEPARTMENT OF ANATOMICAL SCIENCES
Renaissance School of Medicine
Health Sciences Center, T-8, Room 040
State University of New York at Stony Brook
Stony Brook, NY 11794-8081

Signed _____

Address: _____
