

CLEVELAND CLINIC

GUIDELINES FOR DONATING A BODY TO CLEVELAND CLINIC FOR THE ADVANCEMENT OF MEDICAL SCIENCE

1. Your wishes must be specifically stated in writing. Please complete the body donation form on the reverse side and return one copy to Cleveland Clinic (CC) at the address noted below. The two additional forms are provided so that you can keep a copy for your personal records and provide a copy to your next of kin or someone else who is close to you in daily life. If there are multiple people in your life who need to be made aware of your wishes please feel free to make additional copies of the completed form and distribute it to them.
2. Your next of kin, or someone close to you in daily life, should agree to assume responsibility for notifying the CC immediately when death occurs. The CC will arrange and provide transportation and assumes all costs within a 75 mile radius of the Clinic. If death occurs at a greater distance, total transportation costs must be assumed by the estate of the deceased. The CC will not accept body donations from outside the State of Ohio.
3. Donated bodies that are being used for science and education must be specially prepared, so it is most important that they not be embalmed. The CC will assume all costs involved in preparation. The CC maintains the right not to accept bodies under certain circumstances. These would include morbid obesity, the presence of infectious disease, and death caused by severe trauma.
4. Donating a body to medical science is not designed to interfere with organ donation programs. Organ donation is essential to the preservation of life. Organ donation does not prevent the donation of a pre-registered body to CC.
5. CC will process the death certificate and send to the appropriate party (i.e. – family physician) to certify the death. Death certificates are then filed with the health department in the city / county where death occurred. How quickly the death certificate is filed depends on the availability of the certifying physician to complete the death certificate and return it to CC.
6. Scientific and educational studies will be performed in an Anatomy Laboratory. These studies may take anywhere from a few weeks to a full year.
7. When the scientific and educational studies have been completed, the remains will be individually cremated. The CC will assume all costs of cremation. The cremated remains will be returned to the family (or other previously identified individual) via overnight delivery by the United Parcel Service. If the family does not wish to receive the remains, it is necessary that they advise the Administrator, Education Institute, in writing, whether they wish the cremated remains to be placed in a crypt owned by CC at Lakeview Cemetery, or in a designated family cemetery.

ANY REPORTING OF DEATH OR CORRESPONDENCE SHOULD BE MADE DIRECTLY TO:

**Cleveland Clinic
Administrator, Education Institute
9500 Euclid Avenue / NA22
Cleveland, OH 44195
216-444-2200**

**FORM FOR DONATING A BODY TO CLEVELAND CLINIC
FOR THE ADVANCEMENT OF MEDICAL SCIENCE**

Return Copy of Form to: **Cleveland Clinic
Administrator, Education Institute
9500 Euclid Ave. / NA22
Cleveland, OH 44195**

I hereby instruct, in the presence of the following witnesses, that it is my desire to donate my body after death to Cleveland Clinic for teaching purposes, scientific research, or for such purposes as the authorized representatives of Cleveland Clinic shall, in their sole discretion, deem advisable. A copy of this signed statement will be placed on file with Cleveland Clinic, Education Institute. Immediately upon my death, Cleveland Clinic will be notified. I understand that this form is not to be used as an organ donation form.

DONOR'S NAME (print) _____
ADDRESS _____ City _____ State _____ Zip _____
DONOR'S SIGNATURE _____

NEXT OF KIN NAME (print) _____ **Relationship** _____

ADDRESS _____ **Phone** _____

Witness #1 Name (print) _____

Signature _____ **Date** _____

Witness #2 Name (print) _____

Signature _____ **Date** _____

Donor Information (Required For Completing the Death Certificate)

Date of Birth ____/____/____ **Sex:** Male Female

City and State of Birth _____ **Country (if not USA)** _____
City State

Race (E.G., Caucasian, African American, etc...) _____

Hispanic Origin: Yes No - If Yes, Specify Cuban, Mexican, Puerto Rican, etc. _____

Citizen of What Country _____ **Social Security Number** _____

Highest Level of Education: Elementary High School Diploma or GED College, but no degree
 Associates Bachelors Masters

Occupation (do not list retired) _____ **Industry Type** _____

Father's Name _____
First Middle Last

Mother's Maiden Name _____
First Middle Maiden

If Applicable, Armed Forces: **Branch of Service** _____

Entry Date: _____ **Type of Discharge:** _____ **Date of Discharge:** _____

THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM ANATOMICAL GIFT ACT OR SIMILAR LAWS