



## Forensic Anthropology Center, University of Tennessee, Knoxville Body Donation Program Policy



The donation of a person's body after death is a tremendous gift. We are grateful for everyone who expresses an interest in body donation. We appreciate your attention to the following.

1. Unlike medical schools, we **do not** return remains to the family. The skeletal remains are a very important component to our research and teaching program. The first donation made to our program in 1981 continues to be studied by researchers today.
2. We reserve the right to decline donations of individuals who have some form of infectious disease such as HIV, tuberculosis, hepatitis of any kind, or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged.
3. Donors with an infectious disease who still wish to donate may do so by choosing to have their remains cremated. We have a growing collection of cremains that provides an invaluable learning resource. People choosing this option should contact us prior to making arrangements. This allows us to work with the crematory involved to ensure the remains are not pulverized. The family must assume responsibility for the arrangement and cost of cremation.
4. We also reserve the right to decline a donation if our facility is at capacity. In case of denial by the University, alternate final arrangements should be discussed by the donor and/or the family.
5. We will arrange transportation to our facility if the deceased is located within the state of Tennessee **and** within 100 miles of Knoxville. Outside the state of Tennessee or more than 100 miles from Knoxville, the donor and/or the donor's family must make arrangements for the transportation of the body to our facility and assume responsibility for any associated costs.
6. We are unable to transport from a private residence or nursing home facility. The donor's family must arrange for transportation and assume responsibility for the cost. We will transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the geographic limits stated above.
7. We need to have signed donation documents or releases prior to transporting. This may be a faxed copy, but the original must be sent as soon as possible. Your donation paperwork will not be complete until originals are returned.
8. Pre-donor paperwork needs to be returned to the Forensic Anthropology Center at the time of completion in order for a file to be established. Changes of address or medical status should be sent to keep donor files up to date.
9. Pre-donor paperwork needs 2 witnesses to verify your signature, but does not need to be notarized.
10. We do not perform autopsies to determine cause of death on donations to our program.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact us at 865-974-4408 or [donateinfo@utk.edu](mailto:donateinfo@utk.edu).



# Forensic Anthropology Center, University of Tennessee, Knoxville

## Body Donation Program Instructions for Donors



This packet contains all the forms required for registering with our body donation program; policy sheet, body donation document, and body donation questionnaire. Please feel free to contact us with any questions you may have.

### Body Donation Document

#### A. Copies of the Form

- a. Three copies of the body donation document are provided to you. We need an original with a valid signature returned with your donation paperwork. The other 2 copies should be retained by you and/or your family for your records.

#### B. Signature Completion of the Form

- a. Top portion of the form is to be completed by the donor. The donor should be of sound mind and aware of the nature of our program at the time of signing.
- b. The middle portion is to be completed by two adult witnesses. At least one witness should be someone other than a close family member, guardian, or who exhibits a special care for the donor.
- c. A notary is not required for completion of this portion of the form.

#### C. Trauma Research request

- a. Knowledge of how trauma occurs is of significant interest to the biomedical and anthropological communities. Understanding trauma allows us to better interpret forensic case material and help us to work towards the prevention of such trauma in living patients. This would directly benefit the legal community and aid military personnel protective equipment needs.
- b. Please initial the statement at the bottom of the form if you are interested in participating in trauma related research. A donation will **only** be used for this type of research when initials are present and there is a need.

#### D. Simulation Center training (Graduate School of Medicine)

- a. Medical residents at the UT Graduate School of Medicine use cadavers occasionally to learn new medical procedures. The FAC and the Simulation Center are partnering to provide cadavers for temporary use for this training. The remains are then returned to the FAC.
- b. Please initial the statement at the bottom of the form if you are interested in participating in trauma related research. A donation will **only** be used for this type of research when initials are present and there is a need.

#### E. Special Requests

- a. We ask that you state any special requests you may have as to how we use your remains at the bottom of this document or on an attached sheet. We will make every effort to honor any requests.

### Biological Questionnaire

- A. Please complete this form to the best of your ability.
- B. Information provided is needed for the completion of the Certificate of Death and contributes information for our research.
- C. We ask that any changes of your statistical information be forwarded to us (ex. Name change, address change, significant health changes) in order for us to keep our record updated.

### Acceptance into Program

- A. Acceptance into our donation program will be determined once forms are completed and mailed back to us. Please see points 2 and 4 in the Program Policy Sheet.
- B. You will receive a letter of acceptance and a donor card with contact information to carry in your wallet.



**Forensic Anthropology Center, University of Tennessee, Knoxville**  
Body Donation Document



I, \_\_\_\_\_, do hereby dispose of and give my  
(donor's name)

body, after my death, to The University of Tennessee, Knoxville, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The University of Tennessee, Department of Anthropology (telephone: (865) 974-4408), immediately after my death of the availability of my body.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(day) (month) (year) (time)

\_\_\_\_\_  
Donor's Signature  
\_\_\_\_\_  
\_\_\_\_\_

Address

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, signed this Body Donation Document in  
(day) (month) (year)  
our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

**WITNESSES:**

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish for my remains to be used for trauma research/Simulation Center that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.



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Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(day) (month) (year) (time)

\_\_\_\_\_  
Donor's Signature  
\_\_\_\_\_  
\_\_\_\_\_

Address

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, signed this Body Donation Document in  
(day) (month) (year)  
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**WITNESSES:**

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(day) (month) (year) (time)

\_\_\_\_\_  
Donor's Signature  
\_\_\_\_\_  
\_\_\_\_\_

Address

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, signed this Body Donation Document in  
(day) (month) (year)  
our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

**WITNESSES:**

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
(Print Name) (Signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish for my remains to be used for trauma research/Simulation Center that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.



## Forensic Anthropology Center

University of Tennessee  
Body Donation Program



The Forensic Anthropology Center (FAC), Department of Anthropology at the University of Tennessee relies on people like you, and we are very appreciative. As you know our research focus has always been on human remains following death. However, we have been considering some research areas that could involve you as a living subject.

Examples of living subject research by faculty and students of the FAC might include such things as surveying why you are interested in donating your body at death, or taking body measurements or 3D scans of faces and fingerprints.

Each research proposal will be subject to the University of Tennessee's Internal Review Board for use of living human subjects for approval.

(please circle your desire for this program)

**Yes**, I would like to be considered for living subjects related research.

**No**, I would not to be considered for living subjects related research.

Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Forensic Anthropology Center University of Tennessee, Knoxville



Body Donation Questionnaire  
Please complete the following information by filling in the blank and/or circling an option.  
If you need more space, additional sheets may be attached.  
All of the information will be considered confidential.

**Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Sex:** male \_\_\_ female \_\_\_  
Last First Middle

**Social Security #** \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ **Race:** White / Black / Hispanic / Other \_\_\_\_\_  
(circle one)

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_ **Place of Birth (city/state)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Inside City Limits:** yes \_\_\_ no \_\_\_

**Mother's Name** (include maiden) \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Driver's License Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Recent Weight Loss:** yes \_\_\_ no \_\_\_

**Handedness:** Right \_\_\_ Left \_\_\_ **Shoe size** \_\_\_\_\_ **Blood Type** \_\_\_\_\_ **Hair Color** \_\_\_\_\_  
(natural)

**Marital Status:** (circle one) Never Married Married Widowed Divorced Unknown Other

**Spouse:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_ Unknown \_\_\_  
Last (include maiden) First Middle

**Number of Children:** \_\_\_\_\_

**Highest Education Level (indicate number of years)** **Military Service:** yes \_\_\_ no \_\_\_  
Elem/Second (0-12): \_\_\_\_\_ College (1-4; 5+): \_\_\_\_\_

**Childhood Socio-Economic Status:** (circle one) Lower Lower Middle Middle Upper Middle Upper

**Usual (life-long) Occupation** \_\_\_\_\_ **Business/Industry** \_\_\_\_\_

**Residence History** (list additional locations as necessary)

**Childhood Hometown (0-15 years of age):**

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Location as an Adult (any place you have lived for more than 1 year)**

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

PLEASE CONTINUE ON NEXT PAGE

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

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**Dental History – Check all that apply**

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Extensive Dental work                | <input type="checkbox"/> Most/all teeth | <b>Teeth Missing</b>          |
| <input type="checkbox"/> Lower Dentures: When _____           | <input type="checkbox"/> Bridge         | <input type="checkbox"/> Few  |
| <input type="checkbox"/> Upper Dentures: When _____           | <input type="checkbox"/> Gum Disease    | <input type="checkbox"/> Many |
| <input type="checkbox"/> Upper and Lower Dentures: When _____ | <input type="checkbox"/> Dental Disease | <input type="checkbox"/> All  |
| <input type="checkbox"/> Partial Plate                        | <input type="checkbox"/> Other _____    |                               |
| <input type="checkbox"/> Braces                               | _____                                   |                               |
- 

**Medical History (please indicate the approximate year for each).** Please do not provide just a Doctor's name.

- |   |   |
|---|---|
| <input type="checkbox"/> Surgery (general) _____                    | <input type="checkbox"/> Plastic Surgery (indicate type and location) _____ |
| _____   | _____   |
| _____   |   |
| <input type="checkbox"/> Fractures _____                            | <input type="checkbox"/> Cancer (type) _____                                |
| _____   | Treatment: _____  |
|   | Length of Illness: _____  |
| <input type="checkbox"/> Auto Accident (traumatic)                  |   |
| <input type="checkbox"/> Spinal Injuries                            | <input type="checkbox"/> Smoker If yes, how long? _____                     |
| <input type="checkbox"/> Open Heart Surgery                         | <input type="checkbox"/> Alcoholism   |
| <input type="checkbox"/> Amputations                                | <input type="checkbox"/> Diabetes Type: _____                               |
| <input type="checkbox"/> Prosthetics (e.g. Hip or knee replacement) | <input type="checkbox"/> Other (Including childhood disorders) _____        |
| When: _____   | _____   |
- 

**Medical History (continued) –** Please describe the above and any other information you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, or a family history of an illness, etc. Please attach additional pages as necessary.

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**Habitual Activities** (i.e., jogging, repetitive motions, life-long occupation activities, etc.) -

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**PLEASE CONTINUE ON NEXT PAGE**



Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

**Eye Color**     Blue     Green     Gray     Brown     Hazel     Other \_\_\_\_\_

**Tattoo(s)**     Yes    If yes,    Description: \_\_\_\_\_  
                   No                                  Body Location: \_\_\_\_\_

**Body Piercing(s)**     Yes    If yes,    Description: \_\_\_\_\_  
                               No                                  Body Location: \_\_\_\_\_

**Next of Kin Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ email: \_\_\_\_\_

**Informant Information (if other than donor or Next of Kin)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ email: \_\_\_\_\_

**DO NOT CONTINUE IF YOU ARE A LIVING DONOR**

**Location of death (if applicable)**    **Date of Death** \_\_\_\_\_  
Institution/Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Thank you for taking the time to fill out this questionnaire.  
If we can be of further assistance, please feel free to contact us.

**Return completed forms to:**  
Dr. Lee Meadows Jantz  
Department of Anthropology  
1621 Cumberland Avenue  
Strong Hall room 502A  
Knoxville, TN 37996-1525  
email: [donateinfo@utk.edu](mailto:donateinfo@utk.edu)  
phone: (865) 974-4408