



FAC Body Donation Program FAQ's



What is the Forensic Anthropology Center at UTK?

The Forensic Anthropology Center (FAC) is a leading institution for research and training in forensic anthropology and closely related fields. Our facilities consist of the Anthropology Research Facility (commonly known as The Body Farm), the William M. Bass Forensic Anthropology Building, and the UTK Donated Skeletal Collection. Donors to the FAC are a great asset as their bodies and skeletal remains are utilized in our efforts to teach future scientists from UTK and other institutions; provide training for law enforcement officers and members of the military; conduct research in forensics and anthropology; and perform forensic casework.

What kind of research does the FAC conduct?

The FAC is engaged in a broad spectrum of research about human decomposition and skeletal biology.

What happens to a donor's body once it is donated to the FAC?

Donors are typically involved in two phases of research with the FAC. Initially, donors are placed at the Anthropology Research Facility for studies related to the process of decomposition. After this process is complete, donor's skeletons are collected, cleaned, and added to the UTK Donated Skeletal Collection for further studies related to skeletal biology.

Does the FAC return a donor's remains to their family?

No, the donor's skeleton is added to the UTK Donated Skeletal Collection for continued research and educational purposes. This valuable resource is currently the largest collection of modern people in the United States. We still study and conduct research on the very first donor we received in 1981.

Must an individual pre-register to be donated to the FAC?

Not necessarily, because the FAC does accept donations made by an individual's next-of-kin. However, these donations are only accepted on a case-by-case basis. We do recommend pre-registration for any individual who has decided they would like to donate to our program.

Can an individual be an organ/tissue donor prior to donation to the FAC?

Yes, body donors to the FAC may also donate organs and/or tissues. The only tissue which we ask that you do not permit postmortem donation is skeletal tissue (i.e. bone or bone marrow).

Will the FAC accept a donor who has been autopsied?

Yes, the FAC accepts autopsied individuals.

Will the FAC accept a donor who has been embalmed?

No, the FAC does not accept donors who have been embalmed.

Will the FAC accept a donor who dies with an infection like sepsis?

The FAC cannot accept donations of individuals who have a communicable disease (e.g. HIV, TB, Hepatitis, etc.) or an active infection (e.g. sepsis, MRSA, COVID-19, etc.) at the time of their death. Registered individuals who are unable to be whole body donors may be donated in the form of non-pulverized cremated remains.

Will the FAC accept a donor who previously had hepatitis but has successfully completed treatment?

Yes, the FAC will accept the donation of an individual who has successfully treated their hepatitis infection. Please submit the results of your lab work (i.e. titer results) showing your hepatitis-negative state.

Does the FAC require any testing of the donor to be performed prior to accepting their body?

Maybe. Depending on current community infection rates for various diseases, like COVID-19, or based on the donor's medical history we may require postmortem testing for such viruses or infectious diseases. Our website (fac.utk.edu/body-donation/) contains the most up-to-date information regarding testing requirements.

Does the FAC provide transportation for a donor?

The FAC provides transportation from hospitals, funeral homes, and medical examiner's offices located within Tennessee **and** within 100 miles of Knoxville. We will also provide transport from the Knoxville airport for donors who are flown from outside our transportation radius. The FAC does not pick up donors from private residences, hospice facilities, nursing homes, or the like. Donors who are in these situations must arrange for transportation to a funeral home within our transportation radius for transportation to our facility or transportation directly to the FAC.

How should an individual make arrangements for transportation to the FAC?

We recommend that donors who live outside of our transportation radius work with a funeral home in their area to make transportation arrangements. Donors may be driven to our facility or flown into the Knoxville airport. The FAC will provide transportation from the Knoxville airport to our facility at no charge.

Is there a fee for donating an individual to the FAC?

The FAC does not charge a fee for donation to our program. However, there may be fees associated with temporary storage of an individual prior to transport, transportation from outside of our transportation radius, or for cremation. The donor and/or the donor's family are responsible for these charges.

How does an individual donate their body to the FAC?

An individual should complete the donation paperwork and send to the FAC. After receipt and processing of your paperwork, we will send you an acceptance letter, a guide with steps for your family and/or friends to follow after your death, and a Donor Card which you may keep in your wallet to help make your wishes known. Inform your family and friends of your desire to donate to the FAC and provide them with a copy of the guide included with your acceptance letter. If necessary, contact a funeral home in your area to make pre-needs arrangements for transportation to the FAC.

Can an individual request not to be buried, exposed to water, etc.?

The FAC cannot guarantee that we will grant all requests, but we make every effort to accommodate all reasonable requests. If you wish to make such a request, please indicate this on your paperwork.

How should I notify the FAC of changes to my contact information or medical status?

Please email any updates to donateinfo@utk.edu or call us at 865-974-4408.

Can an individual cancel their registration with the FAC if they change their mind?

Yes, please send us a letter indicating your desire to cancel your registration. You may email the letter to donateinfo@utk.edu or mail it to us at:

FAC Donation Paperwork
1621 Cumberland Avenue
Strong Hall Room 505
Knoxville, TN 37996-1525

Where can I find more information about the body donation program and the FAC?

More information can be found on our website (fac.utk.edu/body-donation/), by emailing us at donateinfo@utk.edu, or calling us at 865-974-4408.



Forensic Anthropology Center
University of Tennessee
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. Once a donor's skeletal remains have been added to the UTK Donated Skeletal Collection, they may be used for instruction in forensic and biological anthropology courses, training of professionals from around the world, and as part of a wide variety of research that is shared with the scientific and lay communities in Knoxville and across the globe. 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 any form of infectious disease such as HIV, tuberculosis, hepatitis, or coronavirus of any kind (COVID-19, SARS, etc.); prion-related diseases (Creutzfeldt-Jakob Disease, Kuru, etc.); infections such as sepsis; or any Multi-Drug Resistant Organisms (MDRO's) including antibiotic resistant infections such as MRSA even if contracted after donation is arranged. 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 between the donor and their family/legal representative. The FAC is not responsible for any costs associated with alternate arrangements.
3. Registered donors who are declined for any reason 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 cremains are not pulverized. The donor's family or their estate must assume responsibility for the arrangement and cost of cremation.
4. If you are an organ and/or tissue donor, you may still donate your body to our program. However, we do ask that you do not permit postmortem skeletal tissue (i.e. bone or bone marrow) donation.
5. We will arrange transportation to our facility if the deceased is located in a hospital, funeral home, or medical examiner's office within 100 miles of Knoxville **and** within the state of Tennessee. Outside the state of Tennessee or more than 100 miles from Knoxville, the donor and/or the donor's family must arrange for the transportation of the body to our facility and assume all responsibility for any associated costs.
6. We are unable to transport from a private residence, hospice facility, nursing home, or the like. If the deceased is in one of these locations, the donor's family or their representative must arrange for transportation to a funeral home and assume responsibility for the cost.
7. We must have signed donation documents prior to transporting.
8. Donor paperwork should be returned to the Forensic Anthropology Center at the time of completion in order for a file to be established. Changes in contact information or medical status should be communicated to us in order to keep donor files up to date.
9. Donor paperwork needs (2) witnesses to verify your signature, but does **not** need to be notarized.

10. We do not perform autopsies or determine the cause of death for donors to our program.
11. We do not accept the donation of individuals who have been embalmed.
12. Once your donation paperwork has been received and processed, you will receive an acceptance letter and a Donor Card confirming your status as a pre-registered donor with the FAC Body Donation Program. You may keep these documents in your wallet or with your important papers to help make your wishes known. Please remember that final acceptance to our program is not confirmed until after your death.

If you have any questions or concerns that have not been addressed in these policies, please feel free to contact us at (865) 974-4408 or donateinfo@utk.edu. Our regular business hours are Monday through Friday 9 a.m. to 5 p.m. Eastern Time.

For the most up-to-date information and policies, including postmortem testing requirements, please visit our website at fac.utk.edu/body-donation/.



**Forensic Anthropology Center, University of Tennessee,
Knoxville**

Body Donation Document



I, _____, do hereby provide rights of disposition and give
(Donor's Name)

my body, after my death, to The University of Tennessee, Knoxville. I consent for use of my body by the Department of Anthropology or its designee, for education in forensic and biological anthropology classes, training for professionals from around the world, and a wide variety of research that is shared with scientific, local, and international communities. At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes, the University of Tennessee shall not incur any liability and no manner of claim shall arise against the Forensic Anthropology Center, the Anthropology Department, the University of Tennessee, or any of their employees or students. 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) 806-5106), immediately after my death of the availability of my body.

Signed on this _____ day of _____, at _____.
(day) (month) (year) (time)

Donor's Signature

Address

On this _____ day of _____ the Donor signed this Body Donation
(day) (month) (year)

Document in our presence and we, as attesting witnesses, at the request of the Donor 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: _____

Return to the FAC



**Forensic Anthropology Center, University of Tennessee,
Knoxville**

Body Donation Document



I, _____, do hereby provide rights of disposition and give
(Donor's Name)

my body, after my death, to The University of Tennessee, Knoxville. I consent for use of my body by the Department of Anthropology or its designee, for education in forensic and biological anthropology classes, training for professionals from around the world, and a wide variety of research that is shared with scientific, local, and international communities. At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes, the University of Tennessee shall not incur any liability and no manner of claim shall arise against the Forensic Anthropology Center, the Anthropology Department, the University of Tennessee, or any of their employees or students. 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) 806-5106), immediately after my death of the availability of my body.

Signed on this _____ day of _____, at _____.
(day) (month) (year) (time)

Donor's Signature

Address

On this _____ day of _____ the Donor signed this Body Donation
(day) (month) (year)

Document in our presence and we, as attesting witnesses, at the request of the Donor 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: _____

Retain for Next of Kin's, Attorney's, or Physician's Files



**Forensic Anthropology Center, University of Tennessee,
Knoxville**

Body Donation Document



I, _____, do hereby provide rights of disposition and give
(Donor's Name)

my body, after my death, to The University of Tennessee, Knoxville. I consent for use of my body by the Department of Anthropology or its designee, for education in forensic and biological anthropology classes, training for professionals from around the world, and a wide variety of research that is shared with scientific, local, and international communities. At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes, the University of Tennessee shall not incur any liability and no manner of claim shall arise against the Forensic Anthropology Center, the Anthropology Department, the University of Tennessee, or any of their employees or students. 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) 806-5106), immediately after my death of the availability of my body.

Signed on this _____ day of _____, at _____.
(day) (month) (year) (time)

Donor's Signature

Address

On this _____ day of _____ the Donor signed this Body Donation
(day) (month) (year)

Document in our presence and we, as attesting witnesses, at the request of the Donor 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: _____

Retain for Donor's Files

Name: _____
(Please Print)



Forensic Anthropology Center
University of Tennessee
Trauma Research Program



The Forensic Anthropology Center (FAC) engages in a wide variety of research that benefits forensic science. Some of this research investigates the biomechanics of trauma inflicted upon the body. This allows us to better interpret skeletal conditions that are presented to us in forensic cases. In addition, this research helps increase our knowledge of the mechanisms of trauma so better equipment can be designed to protect first responders and military personnel. Please note that all trauma studies must be approved by the Director of the FAC and be reviewed by an Institutional Review Board.

Selecting yes for any of the types of research below allows us to evaluate your eligibility for the appropriate trauma research we might be conducting after your death. Selecting no will not affect your acceptance into the Body Donation Program or any other studies.

Please place your initials next to any program for which you wish to consent to being considered **after** your death.

_____ **Blunt Force Trauma-** Studies that evaluate how bone responds to impacts by blunt instruments (e.g. bat, hammer), car accidents, or falls

_____ **Sharp Force Trauma-** Studies that evaluate marks and fractures left behind by sharp instruments, such as knives or saws.

_____ **Projectile Trauma-** Studies that examine how bone responds to high velocity trauma, such as gunshots.

_____ **Thermal Trauma-** Studies that examine the damage that occurs during exposure to high temperatures, such as fire or cremation.

_____ **No,** I do not want to participate in any type of trauma-related research.

Signature

Date

Name: _____
(Please Print)



Forensic Anthropology Center
University of Tennessee
DNA Research Program



The Forensic Anthropology Center (FAC) takes careful measures to protect the privacy of our donors and their families. Human genome sequencing (DNA) research is very important in forensic science to improve the identification process of unknown individuals, but also has the potential to identify you and your family members. The FAC may be asked to conduct human DNA research. Please note that all DNA studies must be approved by the Director of the FAC and must be reviewed by an Institutional Review Board.

Selecting yes below allows us to evaluate your eligibility for this research after your death. Selecting no will not affect your acceptance into the Body Donation Program or any other studies.

Please place your initials next to your desire for this type of research.

_____ **Yes**, I consent to being considered for human DNA research after my death.

_____ **No**, I do not consent to being considered for human DNA research after my death.

Signature

Date

Name: _____
(Please Print)



Forensic Anthropology Center
University of Tennessee
Dementia Research Program



Because the rates of individuals with dementia, Alzheimer's disease, Parkinson's disease, multiple sclerosis, and other neurodegenerative diseases are increasing in the U.S., the Forensic Anthropology Center (FAC) may be asked to collaborate on epidemiological and neurological studies of our donors that furthers clinical research in these areas. In particular, such research may include the study of brain tissue of those with and without dementia-related illnesses. These studies may require removing the top portion of the skull after death in order to access the brain. Please note that all dementia-related studies must be approved by the Director of the FAC and must be reviewed by an Institutional Review Board.

Selecting yes below allows us to evaluate your eligibility for this research after your death. Selecting no will not affect your acceptance into the Body Donation Program or any other studies.

Please place your initials next to your desire for this program.

_____ **Yes**, I consent to being considered for dementia-related research after my death.

_____ **No**, I do not consent to being considered for dementia-related research after my death.

Signature

Date

Name: _____
(Please Print)



Forensic Anthropology Center
University of Tennessee
Living Subjects Research Program



The Forensic Anthropology Center (FAC) relies on people like you for a variety of learning and research opportunities, and we are very appreciative. As you know our research focus has always been on human remains following death. However, we also conduct research that could involve you as a living subject prior to your death.

Examples of living subjects research conducted at the FAC might include such things as a survey of why you are interested in donating your body at death, taking body measurements, or scanning your face, eyes, and fingerprints.

Please note that all living subjects studies must receive approval from an Institutional Review Board for use of living human subjects and must be approved by the Director of the FAC.

If you select yes, you will be contacted separately for each living subjects research opportunity for which you are eligible to participate. Selecting no will not affect your acceptance into the Body Donation Program or any other studies.

Please place your initials next to your desire for this program.

_____ **Yes**, I consent to being considered for living subjects research.

_____ **No**, I do not consent to being considered for living subjects research.

Signature

Date

Name: _____
(Please Print)



Forensic Anthropology Center
University of Tennessee
Imagery Research Program



The use of images, videos, scans, radiographs, casts, 3D prints, and/or other representations of human remains that currently exist or are developed in the future are highly valuable for education and research purposes. These representations are important in perfecting identification techniques such as facial reconstruction and understanding body mechanics and disease progression. However, these images have the potential to include identifiable information about the person (e.g. the face, tattoos, birthmarks, etc.). These images may be used in educational and research presentations and in publications. Please note that all research projects, presentations, and publications involving imagery must be approved by the Director of the FAC and must be reviewed by an Institutional Review Board.

Selecting yes below will allow us to evaluate you for inclusion in research projects, educational presentations, and publications that include potentially identifiable images and representations of human remains. Selecting no will not affect your acceptance into the Body Donation Program or any other studies.

Please place your initials next to your desire for this program.

_____ **Yes**, I consent to being considered for research, presentations, and publications using potentially identifiable imagery after my death.

_____ **No**, I do not consent to being considered for research, presentations, and publications using potentially identifiable imagery after my death.

Signature

Date



Forensic Anthropology Center
University of Tennessee, Knoxville
Body Donation Questionnaire



Please complete this questionnaire to the best of your ability. If you need more space, additional sheets may be attached.

***** The information marked by an asterisk (*) is required to complete a Death Certificate. The FAC will file a Death Certificate for donors for whom we provide transportation to our facility.*****

***Name** _____ / _____ / _____ / _____
Last First Middle Maiden/Suffix

***Date of Birth** ____/____/____ ***Place of Birth (City, State)** _____

***Biological Sex** ☐ Male ☐ Female ☐ Intersex ***Social Security #** _____ — _____ — _____

Gender Identity ☐ Man ☐ Woman ☐ Transgender ☐ Non-Binary ☐ Another Way _____
(select all that apply)

Phone Number _____ **Email** _____

***Home Address** _____ ***Apartment/Unit #** _____

***City** _____ ***State** _____ ***Zip** _____ ***County** _____

***Is Your Residence Inside City Limits?** ☐ Yes ☐ No

*Race (select all that apply) ☐ White ☐ Japanese ☐ Black/African American ☐ Korean ☐ American Indian/Alaskan Native ☐ Vietnamese ☐ Tribe _____ ☐ Native Hawaiian ☐ Asian Indian ☐ Guamanian/Chamorro ☐ Chinese ☐ Samoan ☐ Filipino ☐ Other _____	*Are you of Hispanic Origin? (select one) ☐ Yes Specify: _____ ☐ No, not Spanish, Hispanic, or Latino
--	---

Ancestry: _____
(i.e. Irish, Israeli, Ugandan, Panamanian, etc.)

Is your ancestry from a DNA company (e.g. 23andMe)? ☐ Yes ☐ No

If you would like to submit your results, please attach a copy to this form or email to donateinfo@utk.edu

***Marital Status:** ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced
(select one)

***Spouse's Name:** _____ ☐ Living ☐ Deceased ☐ Unknown
First / Middle / Last (include Maiden)

Name: _____

***Mother's Name:** _____ ***Place of Birth** _____
First, Middle, Maiden City, State

***Father's Name:** _____ ***Place of Birth** _____
First, Middle, Last City, State

*Highest Education Level (select one) ☐ 8 th Grade or Less ☐ Associate's Degree ☐ 9 th -12 th Grade, No Diploma ☐ Bachelor's Degree ☐ High School Graduate or GED ☐ Master's Degree ☐ Some College, No Degree ☐ Doctorate, Professional Degree	*Have you ever served in the military? ☐ Yes Branch: _____ Years of Service: _____ ☐ No
--	--

***Life-Long Occupation** (e.g. Carpenter, High School Teacher) _____

***Business/Industry** (e.g. Construction, Education) _____

Childhood Socioeconomic Status (select one)	
☐ Lower	☐ Upper-Middle
☐ Lower-Middle	☐ Upper
☐ Middle	

Current Socioeconomic Status (select one)	
☐ Lower	☐ Upper-Middle
☐ Lower-Middle	☐ Upper
☐ Middle	

Height _____	Weight _____	Female Donors	Male & Female Donors
Is your current height less than it was at your tallest? ☐ Yes What was your tallest height? _____ ☐ No	Has your weight changed dramatically in your life? ☐ Yes ☐ Weight Gain ☐ Weight Loss ☐ Both ☐ No	Have you given birth to any children? ☐ Yes # of full-term pregnancies: _____ ☐ No	How many children do you have (biological & adopted)? _____

Blood Type (select one)									
☐ A+	☐ A-	☐ B+	☐ B-	☐ AB+	☐ AB-	☐ O+	☐ O-	☐ Unknown	

Natural Hair Color Prior to Graying (select one)

- | | |
|--------------------------------------|--|
| ☐ Brown | ☐ Strawberry Blonde |
| ☐ Light Brown | ☐ Blonde |
| ☐ Dark Brown | ☐ Dark Blonde |
| ☐ Auburn | ☐ Black |
| ☐ Red | ☐ Other _____ |

Eye Color (select one)

- | | |
|--------------------------------|--------------------------------------|
| ☐ Brown | ☐ Hazel |
| ☐ Blue | ☐ Gray |
| ☐ Green | ☐ Other _____ |

Special Diet (select all that apply)

- | | |
|--------------------------------------|---|
| ☐ None | ☐ Paleo |
| ☐ Atkins | ☐ (Pre) Diabetic |
| ☐ Dairy-Free | ☐ Vegan |
| ☐ Gluten-Free | ☐ Vegetarian |
| ☐ Keto | ☐ Other _____ |

How long have you followed your current diet? _____

Current Exercise (select all that apply)

- | | |
|-----------------------------------|--------------------------------------|
| ☐ None | ☐ Balance |
| ☐ Low | ☐ Endurance |
| ☐ Moderate | ☐ Flexibility |
| ☐ Vigorous | ☐ Strength |
| | ☐ Other _____ |

In the past, your activity level has been:

- | |
|---|
| ☐ More Active |
| ☐ Less Active |
| ☐ About the Same |

What is your dominant hand?

(select one)

- ☐
- Right
- ☐
- Left
- ☐
- Both

What size shoe do you wear?

Alcohol Use (select one): Never ____ Daily ____ Weekly ____ Monthly ____ Former ____
 If Yes, Year Started _____ (# Drinks) (# Drinks) (# Drinks) (Year Quit)

- | | | | |
|-------------------------------|-------------------------------|---------------------------------|--------------------------------------|
| ☐ Beer | ☐ Wine | ☐ Liquor | ☐ Other _____ |
|-------------------------------|-------------------------------|---------------------------------|--------------------------------------|
- (select all that apply)

Have you ever abused alcohol? ☐ Yes ☐ No If Yes, how long? _____

Tobacco Use (select one): Never ____ Daily ____ Weekly ____ Monthly ____ Former ____
 If Yes, Year Started _____ (# Cigarettes) (# Packs) (# Packs) (Year Quit)

- | | | | | | |
|-------------------------------------|---------------------------------|-------------------------------|---------------------------------------|------------------------------------|--------------------------------------|
| ☐ Cigarettes | ☐ Cigars | ☐ Pipe | ☐ E-Cigarettes | ☐ Smokeless | ☐ Other _____ |
|-------------------------------------|---------------------------------|-------------------------------|---------------------------------------|------------------------------------|--------------------------------------|
- (select all that apply) Tobacco

Recreational Drug Use (select one): Never ____ Daily ____ Weekly ____ Monthly ____ Former ____
 If Yes, Year Started _____ (Quantity) (Quantity) (Quantity) (Year Quit)

- | | | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------------|
| ☐ IV Drugs | ☐ Smoked Drugs | ☐ Oral Drugs | ☐ Inhaled Drugs | ☐ Other _____ |
|-----------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------------|
- (select all that apply)

Residence History- List all locations in which you have lived, including overseas locations. Attach additional pages if necessary.

City of Birth _____	State _____	Start Age <u>0</u>	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____
City _____	State _____	Start Age _____	# Years in City _____

Dental History (Check all that apply)

- ☐ **Braces** Years _____
☐ **Bridge** Year _____
☐ **Fillings** Year _____ Which Teeth? _____
☐ **Gum Disease**
☐ **Implants** Year _____ Which Teeth? _____
☐ **Lower Dentures** Year _____
☐ **Upper Dentures** Year _____
☐ **Partial Plate** Year _____
☐ **Other** _____

Teeth Missing

- ☐ **None**
☐ **Few**
☐ **Many**
☐ **All**

Medical History- Complete the table with any current or past conditions. Attach additional pages if necessary.

Condition Check if Applicable to You	Year of Onset	Year of Remission	Check if Ongoing	Treatment/Medications
☐ ALS			☐	
☐ Alzheimer's/Dementia (Type: _____)			☐	
☐ Anemia			☐	
☐ Ankylosing Spondylitis			☐	
☐ Arthritis (Type: _____)			☐	
☐ Bipolar Disorder			☐	
☐ Cerebral Palsy			☐	
☐ COPD/Emphysema			☐	
☐ Coronary Artery Disease			☐	
☐ Degenerative Disc Disease			☐	
☐ Diabetes (Type: _____)			☐	
☐ Digestive Disease (Type: _____)			☐	
☐ DISH			☐	
☐ Eating Disorder (Type: _____)			☐	
☐ Ehlers-Danlos Syndrome (Type: _____)			☐	
☐ Epilepsy/Seizure Disorder (Type: _____)			☐	
☐ Fibromyalgia			☐	
☐ Generalized Anxiety Disorder			☐	
☐ Hepatitis (Type: _____)			☐	
☐ High Blood Pressure/Hypertension			☐	
☐ High Cholesterol			☐	
☐ HIV/AIDS			☐	
☐ Lupus (Type: _____)			☐	
☐ Major Depressive Disorder			☐	
☐ MRSA (Location: _____)			☐	
☐ Multiple Sclerosis (Type: _____)			☐	
☐ Neuropathy			☐	
☐ Osteomyelitis (Location: _____)			☐	
☐ Osteoporosis/Osteopenia			☐	
☐ Parkinson's Disease			☐	
☐ Renal Failure			☐	
☐ Stroke/TIA			☐	
☐ Thyroid Disease (Type: _____)			☐	
☐ Traumatic Brain Injury			☐	
☐ Tuberculosis/TB			☐	
☐ Other (Describe: _____)			☐	
☐ Other (Describe: _____)			☐	

Cancer History- Please list any cancer you have been diagnosed with and the date (minimally the year) of any treatment you have undergone. Attach additional pages as necessary.

Type	Date of Diagnosis	Date Range of Chemotherapy	Date Range of Radiation	Date of Surgery	Other Treatment	Date of Remission

Non-Cancer Surgical History- Please list any surgeries you have had and the date (minimally the year) of the surgery. Include any amputations, joint replacements/prosthetics, open heart surgeries, pacemakers, and plastic surgeries. Attach additional pages as necessary.

Date	Body Location	Type of Surgery

Fractures- Please list any bones you have fractured/broken and the date (minimally the year) of the fracture/break. Attach additional pages as necessary.

Date	Bone/Location	Left/Right/Midline	Treatment

Name: _____

Have you ever been in a physically traumatic accident? ☐ Yes ☐ No

If yes, provide the date and any bone injuries: _____

Have you ever experienced any back injuries? ☐ Yes ☐ No

If yes, provide the date and the nature of the injury: _____

Do you have any mobility problems? ☐ Yes ☐ No

If yes, describe: _____

Medical History (continued)- Please describe any information you feel may be important, including dementia, inflammatory disorders, heart disease, cancer, vaccinations (i.e. smallpox, polio, COVID-19, etc.), or family history of an illness, etc. Attach additional pages as necessary.

Habitual Activities (i.e. Jogging, hiking, sewing, repetitive motions, life-long activities, etc.)

Tattoos- If you have any tattoos, please describe them below. Attach additional pages as necessary.

Body Location	Left/Right/Midline	Description

Name: _____

Piercings- If you have any body piercings, please list them below. Please be specific (e.g. what part of your ear is pierced). Attach additional pages as necessary.

Body Location	Side of Body	Number of Piercings

Next-of-Kin Information

Name _____ Relationship _____

Address _____ Phone number _____

City _____ State _____ Zip _____ Email _____

Is anyone else in your family registered with our program? ☐ Yes, specify name & relationship to you ☐ No

Do you have any special requests (i.e. prefer not to be buried, prefer not to be placed in water)?

Thank you for taking the time to fill out this questionnaire.
If we can be of further assistance, please feel free to contact us.
Email: donateinfo@utk.edu Phone: (865) 974-4408

CHECKLIST BEFORE SUBMITTING:

- ☐ Sign and date the Body Donation Document- 1 page sent to FAC
- ☐ Initial, sign, and date the Consent to Research Forms- 5 pages sent to FAC
- ☐ Complete all sections of the Body Donation Questionnaire- 8 pages sent to FAC
- ☐ Enclose a recent photo of yourself with your packet or email to donateinfo@utk.edu

Mail completed forms to:

FAC Donation Paperwork
1621 Cumberland Avenue
Strong Hall Room 505
Knoxville, TN 37996-1525

Or email to: donateinfo@utk.edu
