MUSC
Medical University of South Carolina

MUSC Anatomical Gift Program
Basic Science Building, Room 601
MSC 508
Charleston, SC 29425-5080
Office: 843-792-3521
Fax: 843-792-0664

Guidelines: MUSC Anatomical Gift Program

The Medical University of South Carolina (MUSC) Anatomical Gift Program provides individuals with the opportunity to make a lasting contribution to medical education and advancement through the donation of their bodies to medical science.

The gift of body donation supports the education and training of future healthcare professionals, including medicine, dentistry, and allied health programs, as well as physicians and other healthcare providers engaged in advanced training and residency programs. Anatomical gifts may also be used to support approved educational and scientific endeavors that contribute to the improvement of healthcare.

The MUSC Anatomical Gift Program is conducted in accordance with the Revised Uniform Anatomical Gift Act, as adopted by the South Carolina General Assembly on May 6, 2009. This legislation establishes the legal framework through which individuals may make an anatomical gift for educational and scientific purposes.

Whole body donation for medical education is a gift of immeasurable value, and we are sincerely grateful for your interest in making such a meaningful contribution.

Who may donate? Most individuals who wish to make an anatomical gift are eligible to enroll in the MUSC Anatomical Gift Program. Adults who are at least eighteen (18) years of age and are legally competent to make their own healthcare decisions may register as donors. Individuals wishing to become a donor must be pre-registered with the Program prior to the time of death. The individual whose body will be received by the Program must be the individual who signs the MUSC Anatomical Gift Program Donor Form.

The MUSC Anatomical Gift Program cannot accept next-of-kin body donations.

Enrollment in the Program does not guarantee that a donation can be accepted at the time of death. Final acceptance is determined at the time of death and depends on several factors, including the condition of the body, the educational and scientific needs of the Program, and the Program's ability to receive the donation at that time.

Individuals who wish to become a donor in the MUSC Anatomical Gift Program should take note that a body donation can be declined at the time of death based on a number of circumstances/conditions. These conditions include but are not limited to:

- Decedent **not registered** with the Anatomical Gift Program within the Department of Regenerative Medicine and Cell Biology at MUSC
- Persons under the age of eighteen (18)
- Autopsy (requirement for autopsy supersedes donation of whole body)
- Any embalming procedures begun or performed by personnel other than that of the MUSC Anatomical Gift Program

- A body more than 72-hours post-mortem (even if kept refrigerated/in morgue)
- Any trauma to the body (e.g., accident, suicide, burning, etc.)
- Contagious disease, such as Hepatitis, Meningitis, Sepsis, TB, HIV/AIDS, Clostridium Difficile (C-diff), VRE, Carbapenem-resistant Enterobacteriaceae (CRE)
- Dementia from Creutzfeldt-Jakob Disease (CJD)
- Major involvement of metastatic disease (cancer with extensive spread of tumors)
- Obesity or cachexia (profound weight loss)
- Amputation of upper limb(s)
- Any radioactive implant for cancer treatment placed within previous 12 months
- Removal of major organs (organ donors are not accepted, except those donating eyes only)
- A body with visible lesions or open wounds (severity-dependent)
- Any potential infection, which could present a hazard to faculty, staff, or students during study

*Other unforeseen circumstances, including but not limited to limitations in storage capacity within the Program's facilities, may prevent acceptance of a donation.

Becoming a donor To begin the process to donate your body to the MUSC Anatomical Gift Program you must complete all forms, providing all requested information, including information concerning the disposition of your cremated remains, and obtaining the signatures of two witnesses. Make a copy for your records and a copy to give to the person responsible for your body at the time of death, then return the original signed forms to the mailing address below. Valid forms must have original donor and witnesses' signatures.

MUSC Anatomical Gift Program
Department of Regenerative Medicine and Cell Biology
173 Ashley Avenue – BSB 601
MSC 508
Charleston, SC 29425-5080

A potential donor is considered registered with the MUSC Anatomical Gift Program only upon receipt and acknowledgement by the Program of the original, fully completed, signed, and properly witnessed MUSC Anatomical Gift Donor Form and Donor Information Form.

The MUSC Anatomical Gift Program reserves the right to reject body donations at any time, in case of unforeseen circumstances (e.g., full capacity of storage facility, etc.). We have many participants in the Program and are unable to accept all donors at the time of their death. Donors may withdraw from the Program at any time. **You should make alternate arrangements to provide for care and ultimate disposition of your remains, should the Program be unable to accept your donation.**

After completion of anatomical studies, donors will be cremated. **The MUSC Anatomical Gift Program does not automatically return the cremated remains of donors but can make them available for pick up or return by mail to the next-of-kin or alternate next-of-kin identified on the donation forms.** If cremated remains are not claimed within 180 days of notification, the Program will permanently inter the remains.

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MUSC Anatomical Gift Program

Contact phone numbers:
Business Hours, M-F, 9 AM – 5 PM:
(843) 792-3521

After Hours, Weekends, Holidays
(843) 792-3521
*Listen to the **entire** message for appropriate directions.*

INSTRUCTIONS PERTINENT TO MUSC ANATOMICAL GIFT PROGRAM FORMS

1. The MUSC Anatomical Gift Donor Form **must be signed by the donor** in the presence of two adult witnesses. It is imperative that the donor and both witnesses sign the form in the presence of one another. The donor's signature must be witnessed by both individuals, and each witness must affix their signature in the presence of the donor and other witness.

2. The original completed forms **must be returned** to the Anatomical Gift Program at the Medical University of South Carolina. A copy should be made and retained by the donor for their records. Upon receipt, review, and acceptance of the completed forms, the Program will issue a donor card to the donor. The donor is encouraged to provide a copy of the bequest to a responsible family member, physician, clergy member, or other trusted individual who can notify the Program at the time of the donor's death.

   A potential donor is considered registered with the Program only upon receipt and acknowledgement by the Program of the original, fully completed, signed, and properly witnessed forms.

3. The Donor Information Form should be completed and returned along with the Anatomical Gift Donor Form. The information requested is required to complete the Death Certificate.

4. **Upon the donor's death**, the next-of-kin or legally responsible individual should promptly notify the MUSC Anatomical Gift Program by calling (843) 792-3521. During business hours (M-F, 9 AM – 5 PM), callers should follow the prompts to speak with a staff member. After hours, on weekends, or on holidays, callers should listen to the recorded message and follow the instructions provided.

   Callers should leave their name and telephone number, as well as the deceased's full name, the correct spelling of the last name, and Program Record ID number, if available. A staff member will return the call as soon as possible. The Program utilizes a 24-hour transportation service; however, in the event of a delay, the family or healthcare facility is responsible for arranging temporary care of the decedent until transportation is available.

5. The donated body must not be embalmed or autopsied and should be maintained under refrigeration in an appropriate facility until transportation to MUSC can be arranged.

6. The MUSC Anatomical Gift Program assumes the responsibility for expenses related to preparation of remains, embalming, storage, and cremation. If death occurs within South Carolina, transportation to MUSC is provided by the Program.

   If transportation to MUSC cannot be arranged in a timely manner, the donor's estate or family is responsible for any costs associated with transportation to and temporary refrigeration at an appropriate licensed facility until transfer to MUSC can occur.

   If the death occurs outside the state of South Carolina and the family wishes to donate the body to MUSC, all transportation costs to MUSC are the responsibility of the donor's estate or family. If transportation to MUSC is not feasible, the family may wish to contact a medical school or anatomical donation program in the state or country where the death occurred to inquire about donation opportunities.

7. At the conclusion of the educational program, the MUSC Anatomical Gift Program will arrange for the cremation of the donor's remains through a local funeral home. Unless otherwise requested, the cremated remains will be interred at Holy Cross Cemetery in Charleston, South Carolina.

   Donors who wish to have their cremated remains returned to their family or another designated individual must indicate this preference at the time of enrollment. If cremated remains are not claimed within 180 days of notification, the Program will permanently inter the remains.

8. The MUSC Anatomical Gift Program is under no obligation to perform postmortem examinations.

9. The MUSC Anatomical Gift Program prepares death certificates for the donors to our Program. The death certificate is sent to the attending physician for signature and then filed with the Division of Vital Records within the South Carolina Department of Public Health. Please be aware that this process may take several weeks to be completed.

   The MUSC Anatomical Gift Program cannot provide copies of the death certificate needed for legal and estate purposes. Official copies must be requested through the Division of Vital Records within the South Carolina Department of Public Health.

   For more information on obtaining a death certificate, please visit https://dph.sc.gov/public/vital-records/death-certificates.

10. Participation in the MUSC Anatomical Gift Program is entirely voluntary. If you decide that you no longer wish to donate your body to medical education and research, you may revoke your anatomical gift at any time before your death by notifying the Program in writing and submitted ***by mail***. Upon receipt of a valid revocation, your enrollment in the Program will be terminated.

11. If desired, religious or memorial services with the donor's body present should be conducted before MUSC takes possession of the remains. To preserve the donor's suitability for educational use, the remains should be transported to MUSC as soon as possible following death.

12. Each year, the MUSC Anatomical Gift Program hosts a Service of Gratitude and Remembrance to honor those who have generously donated their bodies to advance medical education and research. The service is held in St. Luke's Chapel on the MUSC campus, and the families of donors are invited to attend. Families will be notified of the date and details of the service.

Please retain these instructions for your records.

IMPORTANT

The Medical University of South Carolina Anatomical Gift Program reserves the right to decline any donation based on the condition of the donor's body, circumstances of death, Program capacity, or institutional needs. Because acceptance cannot be guaranteed at the time of death, donors and their families should make alternative arrangements for the care and final disposition of the donor's remains should the Program be unable to accept the donation.

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CONTACT INFORMATION FOR THE ANATOMICAL GIFT PROGRAM AT THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

Upon the death of the donor, the next-of-kin or person legally responsible for making final arrangements should contact the MUSC Anatomical Gift Program as soon as possible following the death to determine if the program can accept the donation and for further instructions.

- **During regular business hours** (Mon.-Fri., 9 AM – 5 PM), the responsible individual should call (843) 792-3521.
  - Then choose **1** at the first menu choice and **1** at the second menu choice.
  - Callers should provide the staff member on duty the deceased's full name, the correct spelling of the last name, and the Program Record ID number, if available.

- **After hours** (Mon-Fri, 5 PM – 9AM), **weekends, or holidays,** the responsible individual should call (843) 792-3521.
  - Then choose **1** at the first menu choice and **2** at the second menu choice.
  - Callers should leave their name and telephone number, as well as the deceased's full name, the correct spelling of the last name, and Program Record ID number, if available. A staff member will return the phone call as soon as possible.

The Program utilizes a 24-hour transportation service; however, in the event of a delay, the family or healthcare facility is responsible for arranging temporary care of the decedent until transportation is available.

MUSC Anatomical Gift Program
DONOR FORM

***PLEASE PRINT * (blue or black ink only)**

This form must be completed and returned to register for the Program. Please make a copy for your records.

I, _____, agree to each of the following statements:
(***Print Donor's Full Name***)

Initial each statement indicating understanding and agreement:

X_____I understand and agree to the conditions governing the donation of my body to the MUSC Anatomical Gift Program in Charleston, South Carolina, in the event of my death, as set forth in the MUSC Anatomical Gift Packet provided by the Program. I understand that, following acceptance of my donation, my body may be retained by the Program for educational, training, scholarly, and/or research purposes for a period of up to four (4) years from the date of my death before cremation and return of my cremated remains.

X_____I understand and acknowledge that registration with the MUSC Anatomical Gift Program and acceptance of my intent to donate do not guarantee final acceptance of my donation. The Program reserves the right to accept or decline any donation at the time of death based on donor suitability, Program needs, and other factors that may affect acceptance. (*Please refer to the Frequently Asked Questions section of the Program website or the MUSC Anatomical Gift Packet for examples of circumstances that may prevent acceptance of a donation*.)

X_____I understand that it is my responsibility to notify the MUSC Anatomical Gift Program of any changes to my personal or contact information, including, but not limited to, changes in address, next-of-kin designation, marital status, or other relevant information, in order to keep my donor registration current and accurate.

X_____I understand that participation in the MUSC Anatomical Gift Program is entirely voluntary and that I may revoke my anatomical gift at any time prior to my death by submitting a written revocation to the Program ***by mail***. Such revocation shall become effective upon receipt by the Program.

X_____I understand that I ***may elect*** to authorize the retention of selected anatomical specimens, organs, tissues, regional dissections, or other anatomical preparations for continued educational, training, scholarly, and research purposes only by completing the *Optional Authorization for Retention of Anatomical Specimens for Continued Educational and Research Use* included in this packet. I understand that retained specimens may be maintained for an extended period of time, potentially indefinitely, if they continue to serve a valuable educational, training, or research purpose. I further understand that if I elect to authorize retention of selected anatomical specimens, any cremated remains returned to my family may not represent all anatomical tissues originally donated.

_____ _____

Donor (Signature) ***Date***

This form must be completed and returned to register for the Program. Please make a copy for your records.

Pursuant to the provisions of the Revised Uniform Anatomical Gift Act of the State of South Carolina (*Sections 44-43-310 through 44-43-400 Code of Laws South Carolina, 2009, as amended*),

I, _____, being of sound mind and at least eighteen (18) years of age, do hereby make an anatomical gift of my entire body, effective upon my death, to the Medical University of South Carolina Anatomical Gift Program in Charleston, South Carolina, for the purposes of medical education and research.

By signing this document in the presence of two witnesses, and by each witness signing in the presence of the donor and other witness, I acknowledge that I have read and understand the information and instructions provided in the accompanying Anatomical Gift Program materials.

Signed this _____ day of _____, _____.

_____
Donor (Signature)

_____
Date of Birth of Donor

_____
Mailing Address of Donor

_____
Telephone Number of Donor

_____
First Witness (Print Name)

_____
First Witness (Signature)

_____
Mailing Address of First Witness

_____
Second Witness (Print Name)

_____
Second Witness (Signature)

_____
Mailing Address of Second Witness

NEXT-OF-KIN (PLEASE PRINT)

Name: _____
Relationship: _____
Address: _____
Email: _____
Telephone: _____

ALTERNATE NEXT-OF-KIN (PLEASE PRINT)

Name: _____
Relationship: _____
Address: _____
Email: _____
Telephone: _____

Please check one of the following:
_____ I ***DO*** want to have my cremated remains returned.
_____ I ***DO NOT*** want to have my cremated remains returned.

MUSC ANATOMICAL GIFT PROGRAM – DONOR INFORMATION FORM

This form must be completed and returned to register for the Program. This information is required to complete the state certified death certificate and should be answered as accurately and thoroughly as possible.

Name: _____ **SSN:** _____-_____-_____
Last First Middle

Physical Address: _____ **Inside City Limits:** ☐ Yes ☐ No
Number and Street

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

Home Phone: (_____) _____-_____ **Date of Birth (mm/dd/yyyy):** _____/_____/_____

City/State/Country of Birth: _____

Race: ☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Sex: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Never married ☐ Widowed ☐ Divorced ☐ Separated

Donor of Hispanic Origin? (Select one) ☐ ***NOT*** Spanish/Hispanic/Latino/Latina ☐ Puerto Rican ☐ Cuban ☐ Mexican, Mexican American ☐ Other (specify): _____

Served in the Armed Forces: ☐ Yes ☐ No

Education: Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5+
(*Circle highest level of education completed*)

Occupation: _____ **Business/Industry (Be specific):** _____
(during most of working life, even if retired)

Spouse's Name: _____
First Middle Last (Maiden, if applicable)

Father's Name (First, Middle, Last): _____

Mother's Name (First, Middle, Last, Maiden): _____

Next-of-Kin Name: _____ **Relationship to Donor:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____-_____ **Alternate Phone:** (_____) _____-_____ **E-mail:** _____

Donor Wish for Cremains (check one): ☐ Return to Next-of-Kin OR ☐ To be interred by MUSC

Donor Signature: _____ **Date:** _____

OPTIONAL: AUTHORIZATION FOR RENTENTION OF ANATOMICAL SPECIMENS FOR CONTINUED EDUCATIONAL AND RESEARCH USE

Completion of this section is **voluntary** and is not required for participation in the MUSC Anatomical Gift Program.

Pursuant to the provisions of the Revised Uniform Anatomical Gift Act of the State of South Carolina (*Sections 44-43-310 through 44-43-400 Code of Laws South Carolina, 2009, as amended*),

I, _____, herby authorize the Medical University of South Carolina Anatomical Gift Program in Charleston, South Carolina to retain selected anatomical specimens, organs, tissues, or other regional dissections from my donated body for continued educational and research use following the completion of anatomical study of my donated remains.

Please initial each statement indicating understanding and agreement:

X_____ I understand that selected anatomical specimens, including but not limited to organs, tissues, regional dissections, and other anatomical preparations, may be retained by the MUSC Anatomical Gift Program for continued educational, training, scholarly, and research purposes, in accordance with the Revised Uniform Anatomical Gift Act.

X_____ I understand that retained specimens may be used for the continued instruction of students, residents, fellows, healthcare professionals, and other authorized learners, and may be utilized in educational programs or scholarly activities conducted by the MUSC Anatomical Gift Program.

X_____ I understand that any retained specimens will be maintained without personally identifying information and that my identity will remain confidential to the extent permitted by law.

X_____ I understand that if specimens are retained under this authorization, not all tissues from my body will be available for cremation and return. As a result, any cremated remains returned to my family may not represent all anatomical tissues originally donated.

X_____ I understand that retained specimens may be maintained for an extended period of time, potentially indefinitely, if they continue to serve a valuable educational, training, and/or research purpose.

X_____ I understand that, upon completion of the educational programming involving any retained specimens, those specimens will be cremated through a local funeral home and interred at Holy Cross Cemetery by the MUSC Anatomical Gift Program.

By signing below, I acknowledge that I have read and understand this authorization and voluntarily consent to the retention of selected anatomical specimens as described above.

Donor Signature: _____ Date: _____

First Witness: _____

Second Witness: _____