



UNIVERSITY OF  
**SOUTH DAKOTA**  
SANFORD SCHOOL OF MEDICINE

Dear Sir or Madam,

Thank you for your interest in the University of South Dakota Sanford School of Medicine Body Donation Program. Your consideration in participating in the advancement of medical education and research is an admirable bequest and is a significant contribution to future healthcare generations. Anatomical donations are indispensable to medical education and research. Your donation provides considerable medical knowledge that cannot be substituted by anatomical models. Further, your donation may lead to advancement of our understanding of mechanisms that contribute to and the treatment of various diseases. The medical knowledge gained by your donation will contribute to the health of many communities across the State.

With your bequest to our program, donors will be distributed among the educational institutions as needed to make optimum use of all donors. Studies of anatomical donors are for educational and research purposes only. No legal findings or report will be given upon completion of the donation. Typically, most studies are concluded within 3 years. Upon completion, a reasonable attempt will be made to notify the donor's family. Cremated remains of a donor not claimed within six months will be entombed in an Ossuary in the Bluffs Cemetery in Vermillion, SD designated for the Body Donation Program.

Enclosed are instructions which provide detailed information on the Body Donation Program. Should you decide to participate in the medical education and research as a deeded donor, please complete the enclosed forms and return them in the prepaid envelope. You are strongly advised to discuss this decision with your family, funeral home director, clergy, lawyer, or any party responsible for your affairs so that they may be aware of your wishes. You may use and share these forms when discussing your decision.

Once the registration forms are received, a confirmation letter and wallet card will be mailed to the donor. The completed Declaration of Consent form is a legal document of donation that may be amended or revoked. The acceptance of a donation becomes effective immediately upon death but is subject to conditions at the time of death (as explained in the forms). **All forms must be completed and received for enrollment to be accepted.**

If you have any further questions, please reach out to the Body Donation Program coordinator at 605-677-5555.

**BODY DONATION PROGRAM**

414 East Clark Street • Vermillion, SD 57069-2390 • 605-677-5555 • fax 605-677-6381  
BodyDonation@usd.edu



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## Frequently Asked Questions

### **What expenses are involved upon the death of the donor?**

The USD Body Donation Program does not charge for cremation, or the return of the cremated remains.

The estate or next of kin is responsible for the cost of the initial embalming and any other expenses incurred by the funeral home.

The estate is responsible for the cost of transportation to our facility if the donor lives outside of South Dakota. The fee can be determined by contacting the office at (605)677-5555.

### **Will the Medical School pay me or my family for the donation?**

The Uniform Anatomical Gift Law prohibits medical schools from purchasing human bodies.

### **May a customary or traditional type of funeral service be held?**

Yes. A visitation and a traditional service may be held within seven days of passing before the transfer of the body to the program.

### **What should the family do when a donor has died?**

At the time of death, the family should call their funeral director and advise them to contact the representative of the program for instructions regarding the proper embalming preparation of the body.

### **Is it necessary to employ a funeral home if I donate my body?**

Yes. Each body must be **initially embalmed within 8-10 hours** after passing at a licensed funeral home before the arrival at the University. A licensed funeral home, a licensed funeral facility, or program personnel must transport all bodies.

### **Can an anatomical gift be revoked?**

Yes. An anatomical gift can be revoked by the donor or their next of kin.

### **Typically, how long does a study take?**

Studies can take up to 3 years.

### **If I have not signed my bequeathal form can my family still donate my body to the medical school?**

A donation made by the next of kin after death will be accepted only if space allows and at the discretion of the Body Donation Program.

### **What happens if the Body Donation Program declines my donation?**

If a donation is declined, it is the family's obligation to make final arrangements.



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## Frequently Asked Questions

### **Can I be an organ donor and still donate my body to the medical school?**

The only post-morbid donation made before body donation is the donation of the corneas. We suggest that the donor inform the family or legal representative whether the donor's priority is organ, tissue, or whole-body donation. This will help ensure the donor's preferences are honored. If interested in cornea donation, please contact Dakota Lions Sight & Health at the information provided below.

**Dakota Lions Sight & Health**  
4501 W 61<sup>st</sup> St N  
Sioux Falls, SD 57107  
(605)373-1008/1-800-245-7846

### **Will the University of South Dakota be the only institution using the donor's body?**

No. The University of South Dakota partners with four other institutions. We work very closely with these institutions to maintain the highest standards of practice. Following the study, the donor's remains will always be returned to the University of South Dakota.

### **Is there any circumstance under which a donation cannot be used?**

Some circumstances would result in a denial of donation such as initial embalming not being done in the allowed timeframe, obesity, organ donation (except for eyes), extensive trauma, advanced decomposition, and communicable diseases. In most cases, this decision can only be made at the time of death.

### **What happens after the study is complete?**

After studies are complete, the remains are cremated. Donor families are given the final arrangement options after cremation, i.e., return the cremains to the family, return the cremains to the funeral home of choice, pick them up at Lee Med, Vermillion, SD, or interred in an Ossuary at the Bluff View Cemetery located in Vermillion, SD.

### **Will my family receive a report of your findings?**

No. The mission of our Body Donation Program is to support anatomical education.

### **Tribute Service**

Medical and health science students conduct an annual tribute service. The next of kin is notified and invited to attend.



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## Donor Medical History Form

Dear Donor,

Thank you for your interest in the Sanford School of Medicine Body Donation Program at the University of South Dakota. As part of our information gathering process, we require that you complete the following medical history form to the best of your ability. To help you understand the purpose of the form, please read the responses to the following frequently asked questions.

### **What is the purpose of the medical history form?**

Often during our studies, our students encounter significant findings. In these situations, students are naturally interested in the cause of these findings. Referring back to the medical history form provides an enriched learning experience for the students. In addition, identifying interesting medical conditions prior to the use of a body allows us to be better prepared for the medical study. In instances where donors agree to permanent donations, these organs can be carefully preserved for years of medical education.

### **Will the medical history form be used to exclude me from body donation?**

Possibly. Exclusion criteria are outlined in our Frequently Asked Questions document, and this criteria sometimes is revealed when answering the questionnaire. For example, we cannot accept a donor with a contagious disease for safety reasons. This is sometimes revealed in the illnesses section listed on the next page. The primary use of the Medical History Form is educational though, and this is why we ask our donors to complete it. We utilize these forms to help students make real life connections with their education. Should you have a question or concern about a disease or illness please contact us at (605) 677-5555. We will be more than happy to assist in answering any concerns with the form or with an illness.

### **Will forgetting information from the form exclude me from body donation?**

No. You are encouraged to be as honest and upfront with the medical form as possible as it will greatly enhance the educational value of the donation. Donors can contact the Body Donation Program at any time following submission of the form to update and/or revise the form with new or forgotten information.

### **Will students be able to determine my identity from the information I provide on this form?**

No. Only the director of the Body Donation Program, the director of the labs, and the manager have access to this file. The information provided to the students is very general and does not allow students to determine a donor's identity.

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# DONOR MEDICAL HISTORY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Occupation: \_\_\_\_\_

(If retired, please list previous careers)

**Medical Events** *(Please supply the approximate age at which you had each event.)*

Joint Replacement \_\_\_\_\_ Age \_\_\_\_\_ Joint(s) \_\_\_\_\_

Heart Surgery \_\_\_\_\_ Age \_\_\_\_\_

Spine Surgery \_\_\_\_\_ Age \_\_\_\_\_

Gall Bladder Removed \_\_\_\_\_ Age \_\_\_\_\_

Appendix Removed \_\_\_\_\_ Age \_\_\_\_\_

Tonsils Removed \_\_\_\_\_ Age \_\_\_\_\_

Pregnancy (list number if applicable): \_\_\_\_\_

Hysterectomy \_\_\_\_\_ Age \_\_\_\_\_

**Other Surgeries**

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**History of Cancer** - *Please list the type of cancer and treatments received*

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**Illnesses**

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**Injuries**

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**Additional Information**

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**How did you hear about South Dakota's Body Donation Program?**

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**Reason for Donating:**  
(Optional)

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**Please attach additional sheets if necessary.**

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**Declaration of Consent**

I, \_\_\_\_\_, hereby direct that upon my death my body be remanded to the Sanford School of Medicine Body Donation Program at the University of South Dakota for purposes of medical education.

Permanent donation consent (see back for details)

- I give permission for the Sanford School of Medicine to retain organs or body parts for indefinite donation.
- Please do **not** retain any organs or a body part for indefinite donation.

This paper is executed with my knowledge and consent.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Mailing Address (please print) City State Zip Phone

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Signature of witness and Date (Relationship to donor)

\_\_\_\_\_  
 Signature of disinterested witness\* and Date (Relationship to donor)

\_\_\_\_\_ I acknowledge there are costs associated with donation as mentioned in my information packet. Please initial. (Also listed on the back of this sheet)

\_\_\_\_\_ I acknowledge educational entities may utilize digital media to help facilitate courses. Please initial and read the digital media policy as listed on the back of this form.

Three copies of this form must be signed by the donor and witnessed. Please distribute copies to the following parties:

1. Donor keeps copy for personal files
2. Director of the Funeral Home of your choice
3. Sanford School of Medicine at the following address:  
 Sanford School of Medicine  
 University of South Dakota  
 Body Donation Program  
 414 E. Clark Street  
 Vermillion, SD 57069-2390

Additional copies may be made for your next-of-kin, attorney, and/or physician.

\*A disinterested witness means a witness that has no familial relationship (in-laws included) to the donor or guardianship of the donor.

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### **Permanent donation consent**

Permanent donation is agreeing to a permanent donation of an anatomical specimen for a prolonged study for education purposes. These specimens are cremated and buried at The Bluff View Cemetery in Vermillion, SD once the purpose is fulfilled. If you agree to permanent donation, please indicate your wishes on the “Declaration of Consent” form.

### **Costs Associated with Donation**

The Uniform Anatomical Gift Act prohibits any financial gain from the donation of one’s body or body parts. All costs associated with the Body Donation Program are to cover expenses for transportation.

- Each body must be initially embalmed at a licensed funeral home prior to arrival at the University. The funeral home is asked to contact USD for appropriate instructions. The embalming and any other expenses incurred at the funeral home are the responsibility of the donor’s estate.
- Please call the Body Donation Program (605)677-5555 for details on transportation fees.

### **Digital Media Policy**

The Sanford School of Medicine Body Donation Program at the University of South Dakota exists to support anatomy education and research. The Body Donation Program provides intact and prosected donors to a number of affiliated partner educational institutions (partners). Photography and video recording have widespread uses in educational and scholarly activity related to human anatomy. However, the need to preserve the privacy and dignity of donors remains a paramount concern. This policy is striving to achieve a balance between the photography and video recording needs of the educational programs and the privacy and dignity of donors.

- Digital media is only allowed after prior approval of the body donation program and will follow strict guidelines to keep the identity of our donors protected.
- The body donation program will keep records of all digital media to ensure standards and record keeping of sensitive material. In a sense, the digital media may be stored for educational purposes, indefinitely.

\_\_\_\_\_ I acknowledge reading this page and agree to all outlined information so I may donate my body to the Sanford School of Medicine Body Donation Program at the University of South Dakota. **Please initial.**

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