



Legacy Body Donation Program

The Legacy Body Donation Program is a non-profit program that supports the training, education, and research of the Legacy Research Institute. Through the gifts of generous donors, physicians, surgeons, nurses, and other medical professionals from around the world gain valuable experience utilizing and developing the latest medical procedures and technologies. They learn techniques that save lives, improve care, and speed recovery.

Many families like yours have chosen to help advance medicine through the Legacy Body Donation Program. It is a privilege and an honor that we hold in the utmost regard; all donors are handled with the greatest respect and dignity, in accordance with the highest ethical standards, and in full compliance with federal and state laws and regulations, including the Revised Uniform Anatomical Gift Act.

We encourage all donors to discuss their last wishes with their family and make any needed arrangements for professional services with their preferred funeral home, including development of a contingency plan in the event the Legacy Body Donation Program is unable to accept the donation.

Unfortunately, not every donor can be accepted at the time of death. The Legacy Body Donation Program may accept or decline a donation depending upon its needs and the medical history of the donor. The Program cannot accept donors when there has been extensive surgery, autopsy, certain communicable diseases (such as HIV, Hepatitis B or C, or tuberculosis), or a condition or pathology that would compromise preparation or study of the donor.

There are separate procedures for donation based upon whether you are the donor or you are donating someone else's body.

If you are the donor: Please complete Form A. By completing Form A, you are authorizing:

The donation of your entire body to the Legacy Body Donation Program for the advancement of medical education and scientific research

The health care institution, physician, the next of kin, Contact Person, or other authorized person to notify the Legacy Body Donation Program as soon as possible after death

If you are donating someone else's body: Please complete Form B. By completing Form B, you are authorizing:

The donation of the entire body of the person to Legacy Body Donation Program for the advancement of medical education and scientific research

The health care institution, physician, the next of kin, Contact Person, or other authorized person to notify the Legacy Body Donation Program as soon as possible after death

If you have any questions, consult our website: www.legacyhealth.org/bodydonation or contact Legacy Body Donation Program representatives at 503-413-2150. If your need is urgent, please follow the instructions on the phone message.

Thank you for your interest in the Legacy Body Donation Program. We greatly appreciate your consideration of this important gift.

Return Form To:

Legacy Body Donation Program, c/o Legacy Research Institute, 1225 NE 2nd Ave., Portland, OR 97232 Email: mlnelson@lhs.org



Instruction & Procedure

1. **Procedure at the time of death:** The health care institution, physician, the next of kin, or other authorized person should notify the Legacy Body Donation Program at **(503) 413-2150**.
2. **Procedure for Consent or Authorization of Donation:** Prior to a donor's body being received at the Legacy Body Donation Program, the appropriate consent form (Form A or Form B) **must** be completed by the appropriate individual and **must** be received by the Legacy Body Donation Program.
3. **Screening and Conditions:** The Legacy Body Donation Program may accept or decline a donation depending on the needs of the Program and the medical history of the potential donor. Bodies are not suitable for whole body donation if their condition or pathology precludes adequate preparation, storage, or study.

After completion of the appropriate consent form (Form A or Form B), a blood test will be performed to determine the presence of a communicable disease.

Please note that the Legacy Body Donation Program does not perform autopsies and does not release any formal report or findings pertaining to its studies.

4. **Donations Not Accepted:** If the Legacy Body Donation Program cannot accept a donation, the next of kin or other authorized person will be responsible for making final arrangements and will be responsible for all associated expenses. We highly recommend that donors and their families develop a plan that can be followed if the donation is not accepted.
5. **Duration of Use:** The Legacy Body Donation Program typically retains donor bodies for less than 24 months.

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**FORM A:
ENROLLMENT FORM & CONSENT FOR LIVING INDIVIDUAL**

By completing this Enrollment Form, I attest that it is my desire that the Legacy Body Donation Program accept and use my body to aid in the advancement of surgical education and scientific research within the restrictions (if any) that I have designated below.

Donor Information

Name: _____ Date of Birth: _____

Address: _____

Sex: _____ Phone Number: _____

Birth Place: _____ Social Security No.: _____

Status: Married____ Domestic Partnership____ Single____

Name of Spouse/Domestic Partner: _____ Phone Number: _____

Contact Person*: _____ Phone Number: _____

*This person will serve as your spokesperson with respect to your donation and may be contacted by the Legacy Body Donation Program

Acknowledgements

1. I understand that every effort will be made to accept a donor body; however, the Legacy Body Donation Program may, at its sole discretion, reject a donation at the time of death. I understand that if this situation arises, the next of kin or other authorized person will be required to make alternative arrangements for the disposition of the remains.
2. I understand that I may revoke a donation at any time prior to death and that, with limited exceptions, no other person can revoke my donation.
3. I understand that the Legacy Body Donation Program may keep my remains for an indefinite period. The Program will use its best efforts to ensure my remains are returned or released as set forth below.
4. I will be responsible for completing my physician's and/or health care facility's Release of Protected Medical Information Authorization Form. Upon my death, my physician and/or health care facility will release my medical information to the Legacy Body Donation Program in order to facilitate the donation of my body. In addition, I give the Program permission to release my medical information to their staff and representatives when needed in order to facilitate the preparation and study of my remains for educational and/or research purposes.

Elections

1. Unless designated below, the Legacy Research Institute (LRI) may provide my donated body and/or part of my body to other educational institutions; LRI may charge such educational institutions for its costs.

LRI may use my body subject to the following restriction:

____ Only LRI may use my body

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2. Unless designated below, LRI may retain a donated body, or part of a donated body, for an indefinite period without providing notice.

LRI may retain my body subject to the following restrictions:

___ Use reasonable efforts to notify my Contact Person if LRI plans to retain my remains for greater than 24 months

3. Following use by LRI, I hereby direct and authorize the release, delivery, or shipment of my remains as follows:

___ The Legacy Body Donation Program will arrange for the cremation and return of my remains to my next of kin or other authorized person. I understand that the Legacy Body Donation Program does not charge for this service.

___ The Legacy Body Donation Program will release my remains to a funeral home selected by my Contact Person. I understand that there may be a charge for this service and that my family or estate will be responsible for all expenses.

AUTHORIZED SIGNATURE

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have had my questions answered, and I fully understand this document. By signing below, I consent to the donation and disposition of my remains as described above. In signing below, I represent myself as the Donor named on this form.

Signature of Donor

Date

WITNESS SIGNATURES

Two witnesses must sign this form indicating their willingness to abide by your wishes to donate your body to the Legacy Body Donation Program. One of the witnesses should be the Contact Person indicated above, and the other witness must be a "disinterested witness" which means someone other than: (i) your spouse, domestic partner, child, parent, sibling, grandchild, grandparent or guardian; or (ii) an adult who exhibited special care and concern for you; or (iii) a representative of an institution (including a hospital, accredited medical school, dental school, college, university) or organization (including an organ procurement organization, eye bank, tissue bank) or other person to whom your donation could pass to for research or education purposes. Witnesses must be people over 18 years of age who can verify your competency, identity, and donation.

By signing below, I declare that the person who signed this Enrollment Form above is personally known to me, that he/she signed this Enrollment Form in my presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that I witnessed his/her signature. Please print the information legibly.

Witness Signature (Contact Person)

Printed Name

Date

Witness Signature (Disinterested Witness)

Printed Name

Date

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**FORM B:
ENROLLMENT FORM & CONSENT FOR DONATION BY AUTHORIZED PERSON**

By completing this Enrollment Form, I, _____ authorize the Legacy Body Donation Program to accept and use the body of the stated donor to aid in the advancement of surgical education and scientific research within the restrictions (if any) designated below.

Authorized Person's Information

I am authorized to make this donation on behalf of the decedent because I fit in one of the following classes with respect to the decedent:

1. ____ Attorney in fact or person expressly authorized to make an anatomical gift on the decedent's behalf by record signed by the decedent
2. ____ The spouse of the decedent
3. ____ An adult child of the decedent
4. ____ A parent of the decedent
5. ____ An adult sibling of the decedent
6. ____ An adult grandchild of the decedent
7. ____ A grandparent of the decedent
8. ____ An adult who exhibited special care and concern for the decedent
9. ____ A guardian of the decedent at the time of death
10. ____ A person otherwise having authority to dispose of the decedent's body

I affirm that no person who may fit in a class that is listed prior to mine is reasonably available to make or to object to the making of an anatomical gift.

I affirm that there is no other member of my class or, if there are one or more other members of my class, I do not know of any members of the class who have objected to the donation of the donor's body.

I understand that this donation may be amended or revoked by any member of a prior class who is reasonably available, if the revocation is made and communicated to the Legacy Body Donation Program before the Legacy Body Donation Program begins to prepare the body. I also understand that if more than one member of a prior class is reasonably available, the donation may be amended if a majority of the reasonably available members agree to the amendment of the donation or revoked if a majority of the reasonably available members agree to the revocation of the donation or if they are equally divided as to whether to revoke the donation. I understand the revocation described in this paragraph will only be effective if it is made and communicated to the Legacy Body Donation Program before the Legacy Body Donation Program begins to prepare the body.

Name: _____ Phone Number(s): _____

Address: _____

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Donor (Decedent) Information

Name: _____ Date of Birth: _____

Address: _____

Sex: _____ Birth Place: _____

Social Security No.: _____

Status: Married _____ Domestic Partnership _____ Single _____

Name of Spouse/Domestic Partner: _____

Phone Number of Spouse/Domestic Partner: _____

Address of Spouse/Domestic Partner: _____

Acknowledgements

1. I understand that every effort will be made to accept a donor body; however, the Program may, at its sole discretion, reject a donation at the time of death. I understand that if this situation arises, the next of kin or other authorized person will be required to make alternative arrangements for the disposition of the remains.
2. I understand that the Program may keep the donor's remains for an indefinite period. The Program will use its best efforts to ensure the donor's remains are returned or released as set forth below.
3. I hereby authorize the release of the donor's Protected Health Information to the Legacy Body Donation Program in order that it may facilitate the donation of his/her body and cremation of his/her remains. In addition, I give the Legacy Body Donation Program permission to release the donor's medical information to Legacy Research Institute, staff and representatives when needed in order to facilitate the preparation and study of the donor's remains.
4. I am not aware of any record signed or communication made by decedent refusing to make an anatomical gift.

Elections

1. Unless designated below, the Legacy Research Institute (LRI) may provide the donated body and/or part of the body to other educational institutions; LRI may charge such educational institutions for its costs.

LRI may use the body subject to the following restriction:

___ Only LRI may use the body

2. Unless designated below, LRI may retain a donated body, or part of a donated body, for an indefinite period without providing notice.

LRI may retain the body subject to the following restrictions:

___ Use reasonable efforts to notify me, the authorized person listed above, if LRI plans to retain the donor's remains for greater than 24 months

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3. Following use by LRI, I hereby direct and authorize the release, delivery, or shipment of the donor's remains as follows:

_____ The Legacy Body Donation Program will arrange for the cremation and return of the remains to the next of kin or other authorized person. I understand that the Legacy Body Donation Program does not charge for this service.

_____ The Legacy Body Donation Program will release the remains to the following funeral home: _____ I understand that there may be a charge for this service and that the donor's family or estate will be responsible for all expenses.

AUTHORIZED SIGNATURE

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have had my questions answered, and I fully understand this document. By signing below, I consent to the donation and disposition of the donor's remains as described above. In signing below, I represent myself as the person with legal authority to make the donation on the decedent's behalf.

Signature of Authorized Representative of Donor

Printed Name

Date

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