



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. However, because our program has grown considerably over the last several years while our financial resources have not, we have had to initiate several new policies. We are also requesting more detailed biological information as well as a photograph. We appreciate your attention to these.

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 cost of cremation.
4. We will arrange transportation to our facility if the deceased is located within the state of Tennessee **and** within 200 miles of Knoxville. Outside the state of Tennessee or more than 200 miles from Knoxville, the donor or the donor's family must make arrangements for the transportation of the body.
5. We are unable to transport from a private residence. 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.
6. 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.
7. 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.
8. Pre-donor paperwork needs 2 witnesses to verify your signature, but does not need to be notarized.

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.



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 _____, _____,
(day) (month) (year)
 at _____.
(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: _____



**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

Dental History – Check all that apply

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Extensive Dental work | <input type="checkbox"/> Most/all teeth | Teeth Missing |
| <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"/> Auto Accident (traumatic) | <input type="checkbox"/> Cancer (type) _____ |
| <input type="checkbox"/> Spinal Injuries | Treatment: _____ |
| <input type="checkbox"/> Open Heart Surgery | Length of Illness: _____ |
| <input type="checkbox"/> Amputations | <input type="checkbox"/> Smoker If yes, how long? _____ |
| <input type="checkbox"/> Prosthetics (e.g. Hip or knee replacement) | <input type="checkbox"/> Alcoholism |
| When: _____ | <input type="checkbox"/> Other (Including childhood disorders) _____ |
| <input type="checkbox"/> Diabetes Type: _____ | |

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.

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

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: _____

PLEASE CONTINUE ON NEXT PAGE

Name _____ / _____ / _____
Last First Middle

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
250 South Stadium Hall, Knoxville, TN 37996-0720
email: donateinfo@utk.edu
phone: (865) 974-4408 fax: (865) 974-2686