



HOW THE DONATION PROCESS WORKS

1. Become a pre-signed donor or enter the program at the time of death:
 - a. You can become a pre-signed donor by submitting the attached paperwork.
 - b. Call the Genesis Legacy program at the time of death at 877.288.4483.
2. In cases where an individual other than the donor is authorizing the donation, the state Uniform Anatomical Gift Act provides which individuals may make the gift, in the order specified. Please check with the Genesis Legacy program in order to determine who the correct authorizing party is for your state.
3. Donor forms will be reviewed to make sure the donor is currently eligible. Please note that the Genesis Legacy program may not be able to accept every willing donor, and may decline to accept a donor who does not meet the requirements for anatomical donations at the time of death. Please see our website for exclusion criteria.
4. Genesis coordinates transportation from the place of death to the Medical Education & Research Institute (MERI).
5. MERI receives and uses the donor for medical education and research.
6. Genesis coordinates the filing and pays for six death certificates, and pays for the cost of cremation.
7. Cremated remains will be available in 6-12 months.
8. Ashes can be returned to the family or interred in a mausoleum in the Memphis, TN area.
9. Family will receive a research letter detailing how the donor helped to further education and research.

The Genesis Legacy Whole Body Donation Foundation is a program of the Medical Education & Research Institute (MERI).

INSTRUCTIONS

Thank you for considering whole body donation. Donors working with the Genesis Legacy program experience the respect and appreciation deserved by those enabling the critical work of the MERI.

Please review the following before you begin filling out our paperwork. Return forms to the Genesis Legacy program.

If you are a prospective donor please complete the following:

- Document of Gift
- Donor Vital Statistics Information
- Medical and Social History
- Special Projects (optional)

If you are filling out the paperwork for a loved one please complete the following:

- Document of Authorization
- Donor Vital Statistics Information
- Medical and Social History
- Special Projects (optional)

It is imperative that the Genesis Legacy program is notified immediately upon death.

Regular business hours are 8:30a.m. to 5:00p.m. central time, Monday through Friday.

If death is imminent or has recently occurred, a medical representative (e.g. hospice staff), family member or legally authorized party should CALL to speak with a Genesis representative. There is someone available to accept imminent death or recent death calls 24 hours a day, seven days a week, after hours, on weekends and holidays at (901) 278-7841 or toll-free at 1-877-288-4483 (GIVE).

For all other matters please call during regular business hours.



FREQUENTLY ASKED QUESTIONS

FOR DONORS

Am I eligible for body donation? Most adults are able to make this gift. Please note that the Genesis Legacy program accepts no responsibility for any anatomical gift until signed and witnessed donor forms have been received. It is suggested that donors have an alternative plan should they be ineligible at the time of death due to any medical conditions that would prevent them from being a "good teacher."

Is the Genesis program available in my state? The Genesis Whole Body Donation Foundation program accepts donors whose death occurs in the following states: AL, AR, GA, KS, KY, LA, IL, IN, IA, MS, MO, NC, OH, OK, SC, TN, TX and WV.

How can I register for the Genesis program? Pre-register by filling out the Genesis Donor Consent forms; once received, we will reply by mail and include several donor cards. Donors who are not pre-registered may be accepted at the time of death if they meet current donor criteria. A legal authorizing party may complete paperwork. Based upon exclusion criteria (see website), **ALL** donor final acceptance (**pre-signed or at death**) is determined at the time of death.

Can a person be an organ donor and a Genesis donor? Yes, you may be an organ donor and a Genesis donor.

Can I request which type of research I would like my body donation to benefit? MERI conducts programs in all areas of medicine based on the needs of the sponsors thus we are not able to specify the area of research. As a Genesis donor you can be assured your gift will be part of critical, life-saving training, education, and research that will greatly affect lives throughout the world.

FOR FAMILIES

How soon after death should the Genesis program be contacted? Immediately. It is imperative that the Genesis program be notified immediately so that proper care may be given to your loved one. See reverse for 24-hour contact information.

Who is responsible for transporting the donor to the Genesis program at the MERI? Upon notification of death and after Genesis staff have completed screening to confirm acceptance, arrangements will be made by Genesis for transportation of your loved one. You will not have to make any transportation arrangements.

How and when will I receive the death certificates? Genesis will file and pay for six death certificates, forwarding them to you when we receive them. It generally takes four to six weeks for Genesis to receive the death certificates.

How long will the donor stay at the MERI? Donors remain at the MERI from six months to a year.

What happens during the donor's stay at the MERI? Donors in the Genesis Legacy program participate in programs that enable the critical work of the MERI, including but not limited to the latest surgical techniques and life-saving skills training. This participation may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to MERI-approved entities, both for profit and not for profit, for research and educational projects. All donors are treated with the utmost dignity and respect.

What happens when the studies on the donor have been completed? Genesis sends a letter detailing the research the donor has made possible. The Genesis staff arranges to have the donor cremated at no cost to the family.

Will whole body donation impact my ability to have a funeral? Since the donor must be transported to Genesis so soon after death, whole body donation will prohibit a traditional open casket funeral. Many families choose to have a memorial service either prior to or after receiving their loved one's ashes.

Is it possible to have the donor's cremated remains returned? Absolutely. Upon cremation, the remains may be returned to the person designated by the donor. The cremated remains may not include all of the tissues that have been recovered for medical education and research purposes and these may be appropriately medically incinerated. If there is not a designee appointed at the time of death by the donor or by the legal authorizing party, the donor's cremated remains will be interred in a mausoleum in the Memphis, TN area. If a legal authorizing party/family member requests the cremated remains after that time, the remains will be removed from the mausoleum and returned to the legal authorizing party/family member.



DOCUMENT OF GIFT

I, _____ being of sound mind and body, do
(Type or print full legal name of Donor - first, middle, maiden & last)

hereby make an anatomical gift of my remains upon my death to the Medical Education & Research Institute (MERI), a not-for-profit, 501(c)(3) organization, located at 44 South Cleveland, Memphis, TN, for education and/or research for the advancement of medical, dental, or other health science field or therapy. I understand that this gift may be used for research or the education of medical professionals in surgical and other techniques, and that this use may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to MERI-approved entities, both for profit and not-for-profit, for research and educational projects. I understand that acceptance of this gift by MERI is contingent upon medical and suitability criteria at the time of death, and that acceptance is not guaranteed. I understand that neither I, nor my estate, will receive any compensation for this gift. I also understand that MERI will test blood samples for certain communicable diseases including HIV, Hepatitis C, Hepatitis B, and Syphilis and that positive results may be reported to the applicable state, if required by law. The MERI may release information concerning significant test results to my survivors if, and as required by applicable law.

I understand that it will be the responsibility of the MERI to arrange for the removal, preparation, transportation, biomedical studies on, and final disposition of my remains at no cost to me. Any fees related to the above will be paid by the MERI to the funeral home and/or service firm(s) involved. At my death, my body will be transported to the MERI, 44 South Cleveland, Memphis, TN.

I understand that the above planned studies are usually completed in one year or less. I also understand that when these studies are complete, the MERI will cremate my body and arrange appropriate disposition of my ashes. I understand the return of cremated remains may not include all of the tissues that have been recovered for medical research or educational purposes and that these may be appropriately medically incinerated. I hereby authorize such cremation and disposition. I also understand that upon my cremation, my ashes may be returned to the person that I designate. If I do not appoint a recipient, my cremated remains will be interred in a mausoleum in the Memphis, TN area until a legal authorizing party/family member requests the cremains, at which time the cremated remains will be removed from the mausoleum and returned to the legal authorizing family party/family member.

I further understand that all inquiries, requests, or special instructions about my donation or disposition must be provided to the MERI's Genesis Legacy program, 44 South Cleveland, Memphis, TN, in writing by the legal representative of my estate upon my death.

Bereavement and community resources are available at genesisleadership.org.

The attached **Vital Statistics and Medical and Social History** forms are considered part of this **Document of Gift**.

The Genesis Legacy Whole Body Donation Foundation is a program of the Medical Education & Research Institute (MERI).



DOCUMENT OF GIFT

I understand that this document is a binding document of gift pursuant to the Uniform Anatomical Gift Act of my state of residence, and that this decision cannot be revoked by any other person. I hereby make this anatomical gift to take place upon my death to the MERI's Genesis Legacy program for their evaluation and use for medical education and research.

In addition, I authorize the release of my personally identifiable health information (medical records) to the MERI in order for it to assess the suitability of my gift for educational and research use.

YOU AND YOUR WITNESSES MUST SIGN ON THE SAME DAY FOR FORMS TO BE ACCEPTED

DONOR INFORMATION

Name: _____ Phone: _____
(Type or print full legal name of Donor - first, middle, maiden & last)

Street Address: _____ Email: _____

City/State/Zip: _____

DONOR SIGNATURE: _____ **DATE:** _____
You must sign on the same day as your witnesses.

WITNESS INFORMATION #1

Name (print): _____ Phone: _____
(Type or print full legal name of Witness - first, middle, maiden & last)

Street Address: _____ Email: _____

City/State/Zip: _____

WITNESS SIGNATURE: _____ **DATE:** _____
You must sign on the same day as the donor.

WITNESS INFORMATION #2

Name (print): _____ Phone: _____
(Type or print full legal name of Witness - first, middle, maiden & last)

Street Address: _____ Email: _____

City/State/Zip: _____

WITNESS SIGNATURE: _____ **DATE:** _____
You must sign on the same day as the donor.



DOCUMENT OF AUTHORIZATION

I, _____, for humanitarian reasons, do hereby make an anatomical
(Type or print full legal name of Legal Authorizing Party - first, middle, maiden & last)

gift of the body of, _____, Donor, to the Medical Education &
(Type or print full legal name of Donor - first, middle, maiden & last)

Research Institute (MERI), a not-for-profit, 501(c)(3) organization, located at 44 South Cleveland, Memphis, TN, for education or research for the advancement of medical, dental, or other health science field or therapy. I hereby acknowledge that this donation is volunteered without obligation of any kind on the part of the MERI. I understand that this gift may be used for research or the education of medical professionals in surgical and other techniques, and that this use may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to MERI-approved entities, both for profit and not-for-profit, for research and educational projects. I understand that acceptance of this gift by MERI is contingent upon medical and suitability criteria at the time of death, and that acceptance is not guaranteed. I understand that neither I, nor the donor's estate, will receive any compensation for this gift. I also understand that MERI will test blood samples of the donor for certain communicable diseases including HIV, Hepatitis C, Hepatitis B, and Syphilis and that positive results may be reported to the applicable state, if required by law. The MERI may release information concerning significant test results to me if, and as required by applicable law.

I understand that it will be the responsibility of the MERI to arrange for the removal, preparation, transportation, biomedical studies on, and final disposition of the donor's remains. Any fees related to the above will be paid by the MERI to the funeral home and/or service firm(s) involved. At the death of the donor, his or her body will be transported to the MERI, 44 South Cleveland, Memphis, TN.

I understand that the above planned studies are usually completed in one year or less. I also understand that when these studies are complete, the MERI will cremate the body of the donor and arrange appropriate disposition of the ashes. I understand the return of cremated remains may not include all of the tissues that have been recovered for research or educational purposes, and that these may be appropriately medically incinerated. I hereby authorize such cremation and disposition. I will state the donor's wishes as to the return of the ashes on the **Donor Vital Statistics Information** form. If I do not appoint a recipient the donor's cremated remains will be interred in a mausoleum in the Memphis, TN area until a legal authorizing party/family member requests the cremains, at which time the cremated remains will be removed from the mausoleum and returned to the legal authorizing party/family member.

I further understand that all inquiries, requests, or special instructions about the donation of the above named donor must be provided to the MERI's Genesis Legacy program, 44 South Cleveland, Memphis, TN, in writing by me or the legal representative of the estate of the above named donor.

By signing this form, I certify that I am not aware of any objection to this gift by the donor. I am also not aware of any person, other than myself, who has a superior right to authorize this gift under the Anatomical Gift law of the donor's state.

Bereavement and community resources are available at genesisleadership.org.

The attached **Vital Statistics and Medical and Social History** forms are considered part of this **Document of Authorization**.

The Genesis Legacy Whole Body Donation Foundation is a program of the Medical Education & Research Institute (MERI).



DOCUMENT OF AUTHORIZATION

In addition, I authorize the release of _____ personally identifiable
(Type or print full legal name of Donor - first, middle, maiden & last)
health information (medical records) to the MERI in order for it to assess the suitability of their gift for educational and research use.

LEGAL AUTHORIZING PARTY

Name: _____ Phone: _____
(Type or print full legal name of Legal Authorizing Party - first, middle, maiden & last)

Street Address: _____ Email: _____

City/State/Zip: _____

Relationship to Donor: _____ **Date:** _____

LEGAL AUTHORIZING PARTY SIGNATURE: _____
You must sign on the same day as your witness.

WITNESS INFORMATION #1

Name: _____ Phone: _____
(Type or print full legal name of Witness - first, middle, maiden & last)

Street Address: _____ Email: _____

City/State/Zip: _____

WITNESS SIGNATURE: _____ **DATE:** _____
You must sign on the same day as the Legal Authorizing Party.



MEDICAL AND SOCIAL HISTORY

I, _____, do hereby state that the information below is accurate to
(Type or print full legal name of Donor or Legal Authorizing Party - first, middle, maiden & last)

the best of my knowledge regarding the health of _____.
(Type or print full legal name of Donor - first, middle, maiden & last)

The following information may be kept on file at the Medical Education & Research Institute (MERI), 44 South Cleveland, Memphis, TN, for education or research for the advancement of medical, dental, or other health science field or therapy.

The MERI cannot accept anatomical donors with hepatitis B or C, HIV, active syphilis, or active tuberculosis, or certain other medical conditions, depending on the review of the Medical Director. In order to provide the most authentic training experience possible, the MERI cannot accept donors who have been embalmed. The MERI is also unable to accept persons who are excessively obese (to be determined on an individual height and weight basis) or under the age of 18 years of age.

As an anatomical donor to the MERI, the following are the donor's/my most recent surgeries, illnesses, medications, and other therapies that I have knowledge of to the present day.

ALL FIELDS MUST BE COMPLETED ABOUT THE HEALTH OF THE DONOR.

DONOR QUESTIONNAIRE

Past Surgeries (knee, back, hernia repair, pacemaker, etc.):

Illnesses (diabetes, high blood pressure, arthritis, cancer, etc.):

Current Medication(s):

Has the donor ever had chemotherapy and/or radiation? If so, please list why and date(s) of therapy:

Has the donor had life-saving measures, such as blood transfusion or extreme IV hydration performed within 48 hours of death? If so hemodialution testing will be performed to determine donor eligibility prior to donor acceptance.

Did donor ever smoke? Yes No If yes, how long? _____ Quit? Yes No How long ago? _____

Height: _____ Weight: _____



DONOR VITAL STATISTICS INFORMATION

Completing this form will help the Medical Education & Research Institute (MERI) make certain that all information is on hand to complete your gift and prepare essential legal documents after death. This information will be disclosed only as necessary to facilitate your donation, and as permitted or required by state law.

THE FOLLOWING INFORMATION IS REQUIRED TO COMPLETE DEATH CERTIFICATE FOR DONOR

DONOR INFORMATION

First Name: _____ Middle _____ Maiden _____

Last _____ Age: _____ Sex: _____

Date of Birth (Month/Day/Year): _____ Social Security Number: _____

DONOR'S PERMANENT ADDRESS

Street Address: _____ # of Years at this Address: _____

City/State/Zip: _____ County: _____

Within City Limits? Yes No Home Phone (w/area code): _____ US Citizen? Yes No

DONOR'S PARENTS INFORMATION

FATHER'S INFORMATION:

First Name: _____ Middle _____ Last _____

MOTHER'S INFORMATION:

First Name: _____ Middle _____ Maiden _____

DONOR'S PLACE OF BIRTH

City: _____ State: _____ County: _____

Foreign Country: _____

DONOR'S LEGAL AUTHORIZING PARTY

First Name (print): _____ Middle _____ Last _____

Street Address: _____

City/State/Zip: _____

Relationship to Donor: _____ Daytime Phone: _____ Evening Phone: _____



DONOR VITAL STATISTICS INFORMATION

DONOR'S BACKGROUND INFORMATION

Served in Armed Forces? Yes No If yes, which branch?: _____

Marital Status (check one): Married Never Married Widowed Divorced

Name of Surviving Spouse (if applicable): _____

If wife, maiden name: _____

Occupation: _____ Employer: _____
(type of work during most of life, DO NOT USE RETIRED)

Race - check one or more races to indicate what the donor considers himself/herself to be:

White Black or African American Hispanic - please specify: _____

Asian - please specify: _____

Native American - please specify: _____

Other: _____

Education - check the box that best describes the highest degree or level of school completed:

- 8th Grade or less
- Associate degree (e.g., AA, AS)
- 9th-12th grade - no diploma
- Bachelor's degree (e.g. BA, BS)
- High school graduate or GED
- Master's degree (e.g. MA, MBA)
- Some college but no degree
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)

DISPOSITION OF ASHES

Should donor's ashes be returned to family or other individual(s)? Yes No If YES, please indicate that person below:

First Name (print): _____ Middle _____ Last _____

Street Address: _____

City/State/Zip: _____

Relationship to Donor: _____ Daytime Phone: _____ Evening Phone: _____

If ashes are NOT to be returned to the family or other individual(s) then the donor's ashes will be placed in a mausoleum in the Memphis, TN area.



SPECIAL PROJECTS (optional)

Anatomic gifts to the MERI are used for the advancement of clinical research and hands on medical training. MERI's Academic Review Board reviews each curriculum to determine its appropriateness for our anatomic donors. From time to time, a request is made to approve the involvement of MERI anatomic donors in special courses and research projects which will lead to improved knowledge, discovery or care in the fields of battlefield medicine, forensic pathology, crime scene investigation, fire investigation, accident safety and other vital scientific endeavors. Only anatomic donors who have an additional special projects gift consent on file will be considered for these special projects. Because the donor's body will be subjected to more extreme conditions that are likely to result in damage and destruction of all or a large part of the body, and are different in nature, extent and duration from the majority of educational and research uses, donor participation in these projects is voluntary and requires a separate detailed authorization.

One example of such a special project is the Fire Investigation course that is used for educating Fire & Arson investigators, Sheriff's Officers, Police, Prosecutors, Emergency Responders, Coroners, Medical Examiners, and Death Investigators. The courses educate professionals how to properly investigate fire fatalities and helps them determine whether or not the death is a result of a crime or an accident. The training exercises recreate a fire scene (vehicle/house) so that investigators can accurately identify the true cause of death in what survives of the body to reveal vital information if a crime has been committed and give clues to what really happened to the victim(s) hopefully leading to justice and the perpetrator and allowing further such crimes and fatalities to be prevented.

These highly specialized courses involve purposeful damage and partial or complete destruction of the body. But without this type of donation, it would be difficult for this knowledge to be taught and new discoveries to be made. Any donor remains would be cremated and returned to the family or interred as requested by the donor/authorizing party. If you give permission for your body to be used for the advancement of scientific endeavors such as fire investigation, battlefield medicine, forensic pathology, or crime investigation please include your signature and date on this form. Thank you for considering this special project participation opportunity.

Your signature below authorizes the use of donor's body in a Special Project, including but not limited to the projects described above.

DONOR INFORMATION

Donor fields must be completed to participate in Special Projects.

Name: _____ Date of Birth: _____
(Type or print full legal name of Donor - first, middle, maiden & last)

LEGAL AUTHORIZING PARTY (if applicable)

Name: _____
(Type or print full legal name of Legal Authorizing Party - first, middle, maiden & last)

Relationship to Donor: _____

**DONOR OR
 LEGAL AUTHORIZING PARTY SIGNATURE:** _____

Signature of person filling out form is required to participate in Special Projects.

Date: _____