

# Consent for Mayo Clinic Body Donation Department of Clinical Anatomy

Patient Name (First, Middle, Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	

(complete fields or place patient label here)

TO BE SCANNED Form content retained in medical record.

Route to Mayo Clinic Body Donation Program, R0\_ST\_09\_22.

☐ Reviewed by Mayo Clinic Body Donation Program – Route to HIMS Scanning.

This form is a statement of intention only and can be cancelled at any time by the donor if desires or plans change. If such a change occurs, contact the Mayo Clinic Body Donation Program at 507-284-2693.

**Instructions:** Complete and return Part 1 of this form to the Mayo Clinic Body Donation Program in Rochester, Minnesota, Stabile 9-22. Part 2 is to be retained for your records or given to your Executor. **See the reverse side for additional instructions.** 

It is my desire to make my whole body available to further the advancement of medical education, medical research, and clinical practice. I, therefore, give my body to the Mayo Clinic Body Donation Program, and direct that the program facilitates my body and/or any portion thereof as it sees fit for the purposes of advancing medical education, medical research, and clinical practice. I understand that this may include data capture, data storage, and data distribution.

I hereby direct the executor or administrator of my estate, or other person who handles my affairs following my death to communicate to the appropriate persons associated with the Mayo Clinic Body Donation Program regarding the handling of my body and its transportation in accordance with the Mayo Clinic Body Donation Program statutes immediately following death.

To be completed by body donor:								
Final disposition options:  Cremated remains to be return  Cremated remains to be perma  Alternate method for final dispo	nently interred in Mayo Vault		•	, Minnesota	ı			
In witness whereof, I have hereunto s	et my hand thisday	day of	month		year	·		
Donor Signature	This Instrument Was Subscribed By (Donor Printed Name) (First, Middle, Last)							
Address (Street, City, State, ZIP Code)		Phone						
Birth Date (mm-dd-yyyy)	If you have been a patient a	een a patient at Mayo Clinic, write your Mayo Clinic registration number.						
To be completed by witness:								
Witness Signature		Witness Printed Name (First, Middle, Last)						
Street Address		City		State	ZIP Code			
To be completed by disinterested with	ness:				l	_!		
Witness Signature  ▶		Witness Printed Name (First, Middle, Last)						
Street Address		City			State	ZIP Code		

#### **Instruction and Procedure Guide**

### What happens at the time of death?

At the time of death, a health care professional or a family member should notify Mayo Clinic Body Donation Program at 507-284-2693. After regular business hours, call the operator at 507-284-2511 to be connected to our program. A donor program coordinator will review donor acceptance protocols with the health care professional and program options with the donor's next of kin and/or legal representative and assist in making necessary transportation arrangements. Please note that once the body donor has arrived at Mayo Clinic, the body will not be available for further viewing by family members.

### Can I become a body donor at the Mayo Clinic Body Donation Program if I am not a resident of Minnesota?

Anyone older than 18 years of age can become a body donor at the Mayo Clinic Body Donation Program. If a body donor death occurs outside the state of Minnesota, the donor families must work with a local funeral home in accordance with the respective state laws. If the distance for the transport to Mayo Clinic is greater than 200 miles, additional expenses should be considered for the donor's next of kin or estate. Some states require additional fees for transportation across state lines.

## What are the reasons a body donor may not be accepted in the Mayo Clinic Body Donation program?

In some cases, a body donor may not be accepted into the program even though a gift has been made. Reasons for declining the gift may include infectious diseases, extensive physical trauma, or any other relevant physical conditions (extreme obesity, emaciation, etc.) that could limit the ability to meet the expectations in conducting anatomical dissections and scientific investigations, simulating surgical procedures, and establishing innovative medical procedures for improving patient care. In addition, Mayo Clinic Body Donation Program reserves the right to decline a gift if it exceeds Mayo Clinic's current needs.

### What happens when my gift is completed?

Once the gift is completed, donors enrolled in the Mayo Clinic Body Donation Program will be cremated. The following options are available for final disposition:

- 1. Cremated remains to be returned to the donor family
- 2. Cremated remains to be permanently interred in Mayo Vault at Oakwood Cemetery in Rochester, Minnesota
- 3. Alternate method for final disposition at the expense of the donor or their family

The final disposition option indicated at the time of signed consent by the donor will be honored by the Mayo Clinic Body Donation Program. Any changes must be made in writing by the donor.

Mayo Clinic Body Donation Program, Stabile 9-22 200 First Street SW Rochester, MN 55905 507-284-2693 www.mayoclinic.org/body-donation/