

Mayo Clinic Number

Patient Name



**Return completed form to  
Department of Anatomy,  
Stabile 9-38**

## *Anatomical Bequest to Mayo Clinic*

*Mayo Clinic Number and Patient Name are Required*

**Instructions: Complete and return Part 1 of this form to Mayo Clinic Department of Anatomy. Part 2 is to be retained for your records or given to your Executor. See last page or reverse side of Part 2 for additional instructions.**

It is my desire to make my body or portion thereof available to further the advancement of medical education and research. I therefore, give my body to Mayo Clinic, Rochester, Minnesota, and direct that it or its appointees use my body and/or any portion thereof as it sees fit for medical, scientific or educational purposes.

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

In the event that I should die at some place distant from Rochester and it is determined by representatives of Mayo Clinic that it is either impractical or impossible to ship my body to Rochester, Minnesota, I hereby direct my executor, administrator or other person handling my affairs at my death to donate my body to any medical, scientific or educational institution or organization authorized to receive the same for any of the purpose set forth hereinabove.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

Donor Signature \_\_\_\_\_

Address \_\_\_\_\_

If you have been a patient at the Mayo Clinic,  
please write your Mayo Clinic registration number \_\_\_\_\_

Birth Date (*Month DD, YYYY*) \_\_\_\_\_

This instrument was subscribed by \_\_\_\_\_

*(Print or type name of donor)*

such subscribing being done in our presence and we at his (her) presence and in the presence of each other, believing him (her) to be of sound and disposing mind, have hereunto set our hands as attesting witnesses.

Witness Signature \_\_\_\_\_

residing at \_\_\_\_\_

Witness Signature \_\_\_\_\_

residing at \_\_\_\_\_

Mayo Clinic Number

Patient Name



**Patient Copy**  
See last page for instructions

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residing at \_\_\_\_\_

## **Instruction and Procedure**

### **I. Procedure at time of death.**

At the time of death, a health care professional or a family member should notify Mayo Clinic's Department of Anatomy at 507-284-2693 immediately. After regular business hours, please call the Mayo Clinic operator at 507-284-2511 who will contact the Department of Anatomy. 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.

If funeral services with the body present are to be held prior to donation, the family or legal representative should make the necessary arrangements with a funeral director. The estate assumes all financial responsibilities for funeral services. The funeral director should consult with the donor program coordinator regarding acceptable embalming practices before any preparation. At the conclusion of the funeral services, transportation to Mayo Clinic will be arranged.

Mayo Clinic has limited funds for transportation expenses. If expenses exceed the funds available, Mayo Clinic may accept the body with the understanding that the estate will pay the extra transportation costs. When distances are considerable, it may be desirable to donate the body to a medical institution closer to the place of death. The body will not be available for viewing by family members after it has been delivered to Mayo Clinic.

### **II. Reasons for donation refusal.**

Under the terms of the Uniform Anatomical Gift Act, Mayo Clinic may reject a body donation even though a bequest has been executed prior to death. Reasons for refusal include: communicable diseases that pose risk to students and staff, obesity, extreme emaciation, bodies that have been autopsied, mutilated, decomposed, or, for some other reason, are determined to be unacceptable for anatomical donation. Mayo Clinic reserves the right to decline a body donation if it exceeds Mayo's current needs.

### **III. Final disposition of remains.**

Upon donor acceptance, Mayo Clinic will contact your legal representative with a form to select the final disposition of the body. Mayo Clinic will pay for the Bio-Cremation of the remains, the mailing of the ashes, and/or placing the ashes into the Mayo Clinic vault at Oakwood Cemetery in Rochester, Minn. If traditional cremation or earth burial is requested, the family or legal representative should make the arrangements with a funeral director at the estate's expense.

Mayo Clinic Department of Anatomy  
Stabile 9-38  
Rochester, MN 55905  
507-284-2693  
<http://www.mayoclinic.org/body-donation/>