



## Requirements and Registration Packet – Self

Thank you for your interest in Life Tree Anatomical and the gift of body donation. The gift of body donation is an indispensable aid in medical education and research and is greatly appreciated. The information below will provide you with the requirements for registration into our program. Please note that registration does not guarantee acceptance unless the following requirements are met at the time of the donor's death.

1. The deceased must be 18 years of age or older
2. The deceased must be height/weight proportionate (max weight of 250 lbs.)
3. The deceased must be free of communicable diseases
4. The deceased must be free of traumatic injury (traumatic accident, traumatic suicide, autopsy, decomposition, open wounds, or sores)

Upon the death of a donor, Life Tree Anatomical must be contacted to screen the donor to ensure they still meet the eligibility requirements. If Life Tree Anatomical denies the donation, alternate arrangements will need to be made. If you have any questions about our program or need help completing the registration packet, please do not hesitate to contact us.

- Life Tree Anatomical  
Fax: 512.402.8920

Once you have decided whether donation is right for you and your family, please return the completed packet via email, fax or mail to **16912 N Interstate 35 Austin TX 78728**

### **Donor Prequalification Form:**

- Please complete, sign, and date. This form is used to determine qualification.

### **Donation Authorization Form:**

- Please write DONOR'S NAME at the top of the page.
- Please complete with your address, sign, date, and designate "self" in the Relationship to Donor box.
- Please have 2 witnesses sign and date for verification or have a notary notarize your signature. The witnesses must be eyewitnesses and all dates must match.



**Cremation Authorization Form:**

- Please write DONOR'S NAME at the top of the page
- Please complete with your address, sign, date, and designate "self" in the Relationship to Donor box
- Please have 2 witnesses sign and date for verification or have a notary notarize your signature. The witnesses must be eyewitnesses and all dates must match.

**Donor Registration Form:**

- Please read and complete both pages.
- Please choose your next of kin or representative.
- Your 1<sup>st</sup> choice will be the person contacted -- we will not collaborate with any persons other than the 1<sup>st</sup> and 2<sup>nd</sup> choices. We will strictly adhere to your choice.
  - It is common for your spouse to be your 1<sup>st</sup> choice and a child your 2<sup>nd</sup> choice. However, any combination of relatives or friends is acceptable.
  - The person you choose should be a person that you trust. The person need not be a relative.
  - Contact Life Tree Anatomical ASAP if you need to make any changes to your next of kin or representative.

- Please sign and date on the 2<sup>nd</sup> page in the Person Authorizing Donation box. This is a self-authorization. All authorizing signatures must be the donors.

If accepted, within approximately two weeks Life Tree Anatomical will mail a copy of the registration packet for your records.

We understand that preparing for end-of-life arrangements can be difficult. Our team is here to assist you in any way possible.

Respectfully,

Life Tree Anatomical



# DONOR PREQUALIFICATION FORM

To ensure eligibility, it is necessary to gather preliminary health information for qualification purposes. Please answer each question to the best of your ability and as thoroughly as possible. If acceptance is urgent, contact (512) 402-8533.

**There are certain conditions that SHALL result in a DENIAL of a donor.**

- **Death occurs outside the state of Texas (Life Tree Anatomical’s service area).**
- **Failure to notify Life Tree Anatomical within 48 hours of death or improper refrigeration of remains by a third party.**
- **State of emergency governmental/regulatory restrictions, natural disasters, including pandemics and epidemics.**

|                                                       |                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------|
| I am completing this prequalification request as the: | <input type="checkbox"/> Donor <input type="checkbox"/> Donor’s Next of Kin |
|-------------------------------------------------------|-----------------------------------------------------------------------------|

**Prospective Donor Information:**

|                                                                                                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Current Age                                                                                                                              |                                                          |
| Estimated Height                                                                                                                         |                                                          |
| Current Estimated Weight                                                                                                                 |                                                          |
| Any implanted devices or material requiring surgery (eg., knee replacement, pacemaker, bladder sling)?<br><i>If YES, please explain:</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any major surgeries requiring removal of organs (eg., kidney, gallbladder, uterus)?<br><i>If YES, please explain:</i>                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Currently under hospice care?<br><i>If YES, please list hospice organization:</i>                                                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What is the current diagnosis? (if healthy, please state)                                                                                |                                                          |

**Has the Prospective Donor ever tested positive for any of the communicable diseases listed below?**

|                                   |                                                          |                         |  |
|-----------------------------------|----------------------------------------------------------|-------------------------|--|
| Hepatitis B or C:                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: |  |
| Tuberculosis:                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: |  |
| HIV / AIDS:                       | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: |  |
| COVID-19 within the last 2 weeks? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: |  |
| Other infectious disease(s)?      | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: |  |

|                                                                                                                             |                      |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>Donor’s Name (Please Print):</b>                                                                                         | <b>Phone Number:</b> |
| Name of Person Submitting Information (Please Print):                                                                       | Phone Number:        |
| <b>Signature of Person Submitting information:</b><br><span style="font-size: 2em; color: red; font-weight: bold;">X</span> | <b>Date Signed:</b>  |



## DONATION AUTHORIZATION FORM

**This Gift** of the whole body of **(Printed Donor's Name):** \_\_\_\_\_

to Life Tree Anatomical, LLC. (LTA) will be donated as per the conditions and disclosures contained within this document.

**I Understand and Agree That:**

1. The donation is being made voluntarily without any compensation and neither the donor's estate nor the next of kin will ever be charged for the costs related to this donation.
2. I understand that this gift may be used for research or the education or training 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 other authorized and permissible entities, both for profit and not-for-profit, for research and educational projects.
3. The body will be treated with as much respect and dignity as the scientific, medical education or research process allows.
4. This donation is being made in accordance with all applicable aspects of each state's *Revised Uniform Anatomical Gift Act*, as applicable to non-transplant tissue.
5. I understand that LTA reserves the right to decline a body that is registered with the Willd Body Program and that no guarantee exists that my body will be accepted at the time of death. I understand that my body donation will be declined by LTA if I have a contagious disease (e.g., HIV, TB, Hepatitis), or an independent autopsy is performed, or my body has been embalmed. If LTA is unable to use my body for these or other reasons, my survivors will be notified of the need to make other arrangements for the final disposition of my body.
6. The body will be transported to a designated LTA facility for serological and biological screening of blood for Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and any other communicable diseases. All positive test results are subject to state reporting per applicable state laws. If serology is positive, the donor body does not meet LTA criteria and is not deemed as usable. LTA will immediately contact next of kin to make alternative arrangements. **If my survivors or next of kin do not respond 30 days following this notification, I authorize LTA to cremate my body per Cremation Authorization Form.**
7. Upon completion of the use of the body, I authorize LTA to cremate my body. In the process of education, training, and/or research, parts of the body may be nonreturnable. These parts will **NOT** be available for cremation.
8. I state, to the best of my knowledge, donation was never declined by this individual, and that I have the legal authority to direct this donation.
9. LTA reserves the right to make changes to, modify, suspend, discontinue, or otherwise alter its services without notice.
10. This document supersedes and revokes all other previous directives regarding tissue donation for research, training, and educational purposes.
11. LTA and its permissible and authorized users may store, without limitation, tissues (anatomical specimens) until used and/or legally disposed.
12. I will hold harmless and indemnify now and forever, LTA and its employees, any funeral director / funeral home / crematory, or their agent, LTA human tissue users or sources from any and all loss or damage, including incidental and consequential damage incurred while acting in good faith.  
**It is further agreed that LTA shall be held harmless for any and all acts of third parties in connection with this donation.**
13. If any court determines that any provision of this donation authorization is invalid or unenforceable, then such invalidity or unenforceability shall have no effect on the other provisions hereof, which shall remain valid, binding, and enforceable and in full force and effect.
14. Complaints or inquiries regarding a willed or donated body should be directed to the secretary-treasurer of the State Anatomical Board. The name and address of this individual may be obtained from the institution to which the body was delivered.
15. If signing on behalf of the donor, I am verifying that as the donor's designated signer, I understand all listed disclosures and disclaimers, and that by signing this document on the donor's behalf, my consent fulfills the donor's wishes.
16. In the event of the closure or sale of the company (including a sale of substantially all its assets), LTA may transfer and assign this Authorization and LTA's rights and obligations to another whole-body tissue bank organization to perform LTA's obligations under this Agreement and fulfill the wishes of the donor.

**I Authorize:**

17. And direct the medical facility, institution and/or medical examiner's office to release my or the donor's body immediately upon request in order to facilitate this gift in an expeditious manner according to state law.
18. LTA to obtain all medical information including, but not limited to doctor, hospice, autopsy records, certified copy of death certificate in order to best determine medical suitability for this donation.
19. As the prospective donor or the agent legally authorized to make these decisions, after reading this authorization, careful consideration and after having all of my questions answered, I hereby direct LTA to proceed with the donation process as per all of the conditions/disclosures listed above.

|                               |        |                                                |  |
|-------------------------------|--------|------------------------------------------------|--|
| <b>Signature:</b><br><b>X</b> |        | <b>Date Signed:</b>                            |  |
| Printed Name:                 |        | Relationship to Donor (If Self, Please State): |  |
| Street Address:               |        | Phone Number:                                  |  |
| City:                         | State: | Zip Code:                                      |  |

**This Donation Authorization Form is not valid until notarized OR signed by two witnesses; one witness must be non-family or a disinterested party.**

|                                                                   |                      |                     |
|-------------------------------------------------------------------|----------------------|---------------------|
| <b>Notary OR Disinterested Witness # 1 Signature:</b><br><b>X</b> | <b>Printed Name:</b> | <b>Date Signed:</b> |
| <b>Notary Stamp OR Witness # 2 Signature:</b><br><b>X</b>         | <b>Printed Name:</b> | <b>Date Signed:</b> |
| LTA Staff Authorized Signature ONLY:                              | Title / Position:    | Date Signed:        |



## CREMATION AUTHORIZATION FORM

**This Gift** of the whole body of (**Printed Donor's Name:** \_\_\_\_\_) to Life Tree Anatomical, LLC. (LTA) will be cremated as per the conditions and disclosures contained within this document.

**I Understand That:**

1. The donor's body must be cremated following the donation process and that un-cremated remains will never be returned to my Next of Kin.
2. Only cremated tissues (anatomical specimens) that are available for cremation will be returned to my Next of Kin. In the process of education, training, and/or research, parts of the body may be nonreturnable. These parts will **NOT** be available for cremation.
3. I understand that one year or more may elapse before cremated remains become available for return.
4. **If I do not wish cremated remains to be returned**, I understand that remains will be cremated in a commingled fashion and disposed of by LTA in accordance with federal, state, or local law.
5. Any unclaimed cremated remains may be disposed of after 30 days following notification to the Next of Kin in accordance with state and local law.
6. I understand that the cremation process will completely destroy all material left with the body, including dental fillings and personal effects, and such items will not be recoverable.
7. Any implanted medical devices (pacemakers or radioactive seed implants) left in the body at the time of death can pose a serious health and safety hazard during the cremation process and must be identified and removed prior to the cremation process.
8. My authorized agent may direct the removal of any medical device/personal effects accompanying my body at the time of donation. In the absence of this directive, I understand that such personal effects will be destroyed if uncollected by me or my next of kin prior to donation.
9. The cremated remains are simply bone fragments and dust that will be placed in a suitable container.
10. Complaints or inquiries regarding a willed or donated body should be directed to the secretary-treasurer of the State Anatomical Board. The name and address of this individual may be obtained from the institution to which the body was delivered.

**I Agree To:**

11. Release from liability the crematory, its affiliates, and their agents and employees, against loss from any and all demands, damages and claims that may be made against them (except for intentional misconduct), or by reason of the donor's or Next of Kin's failure to timely disclose the existence of implanted medical devices or personal effects.
12. Hold harmless LTA and its employees, any funeral director / funeral home / crematory / disposer or their agent, LTA human tissue users or sources from any and all loss or damage, including incidental and consequential damage incurred while LTA acts in good faith.
13. Hold harmless and indemnify LTA and its employees from any and all loss or damage, including incidental and consequential damage incurred while LTA acts in good faith when being directed to mail or deliver cremated remains using the United States Postal Service or other authorized carrier or delivery service.
14. If signing on the behalf of the donor, I am verifying that as the donor's designated signer, I understand all listed disclosures and disclaimers, and that by signing this document on the donor's behalf, my consent fulfills the donor's wishes.

**I Authorize (choose only one):**

- DO NOT RETURN REMAINS:** LTA will arrange for the proper disposition of the cremated remains per policy and in accordance with federal, state, and local law
- RETURN OF REMAINS WHEN NEED IS COMPLETE:** Cremation and return of cremated remains **to the Next of Kin** when the need is complete.

|                               |        |                                                |  |
|-------------------------------|--------|------------------------------------------------|--|
| <b>Signature:</b><br><b>X</b> |        | <b>Date Signed:</b>                            |  |
| Printed Name:                 |        | Relationship to Donor (If Self, Please State): |  |
| Street Address:               |        | Phone Number:                                  |  |
| City:                         | State: | Zip Code:                                      |  |

|                                                           |                      |                     |
|-----------------------------------------------------------|----------------------|---------------------|
| <b>Notary OR Witness # 1 Signature:</b><br><b>X</b>       | <b>Printed Name:</b> | <b>Date Signed:</b> |
| <b>Notary Stamp OR Witness # 2 Signature:</b><br><b>X</b> | <b>Printed Name:</b> | <b>Date Signed:</b> |
| Authorized Signature (LTA):                               | Title / Position:    | Date Signed:        |

# Donor Registration Form

*We Respect Your Privacy.*

**We at Life Tree Anatomical are extremely protective of the information given to us. We will never sell or solicit any information that we have received.**

| Donor's Personal Information:                                                                                                                              |  |                                           |                                                                                                             |                                                                                                           |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|
| First Name:                                                                                                                                                |  | Middle Name:                              |                                                                                                             | Last Name:                                                                                                |                       |
| AKA's / Legal (not nickname)                                                                                                                               |  | Gender:                                   | Social Security Number:                                                                                     | Date of Birth:                                                                                            | Year moved to County: |
| Donor's Current Street Address:                                                                                                                            |  |                                           | City:                                                                                                       | State:                                                                                                    | Zip:                  |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed |  |                                           |                                                                                                             | Email:                                                                                                    |                       |
| Surviving Spouse Information:                                                                                                                              |  |                                           |                                                                                                             |                                                                                                           |                       |
| First Name of spouse:                                                                                                                                      |  | Middle Name of spouse:                    |                                                                                                             | Last Name of spouse:                                                                                      |                       |
| Maiden Name / Birth Name of Spouse                                                                                                                         |  |                                           |                                                                                                             |                                                                                                           |                       |
| Donor's Highest Education: (Please circle the highest level of education completed.)                                                                       |  |                                           |                                                                                                             |                                                                                                           |                       |
| Grade: 0 1 2 3 4 5 6 7 8                                                                                                                                   |  | Some College Credit but No Degree         |                                                                                                             | Master's Degree (e.g. MA, MS, MEng. etc.)                                                                 |                       |
| High School: 9 10 11                                                                                                                                       |  | Associate Degree (e.g. AA, AS)            |                                                                                                             | Doctorate (e.g. PhD, EdD, MD, DO)                                                                         |                       |
| High School Grad/GED Completed                                                                                                                             |  | Bachelor's Degree (e.g. BA, BS)           |                                                                                                             | Not Obtained      Not Classifiable                                                                        |                       |
| Donor's Race: (Select all that apply)                                                                                                                      |  |                                           |                                                                                                             |                                                                                                           |                       |
| <input type="checkbox"/> White                                                                                                                             |  | <input type="checkbox"/> Caucasian        |                                                                                                             | <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese                                       |                       |
| <input type="checkbox"/> Black                                                                                                                             |  | <input type="checkbox"/> African American |                                                                                                             | <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese                                        |                       |
| <input type="checkbox"/> American Indian                                                                                                                   |  | <input type="checkbox"/> Alaska Native    |                                                                                                             | <input type="checkbox"/> Other Asian (Specify):                                                           |                       |
| <input type="checkbox"/> Primary or Enrolled Tribe:                                                                                                        |  |                                           | <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan |                                                                                                           |                       |
| <input type="checkbox"/> Second Tribe (Optional):                                                                                                          |  |                                           | <input type="checkbox"/> Other Pacific Islander (Specify):                                                  |                                                                                                           |                       |
| <input type="checkbox"/> Additional Tribe:                                                                                                                 |  |                                           | <input type="checkbox"/> Other (Specify):                                                                   |                                                                                                           |                       |
| <input type="checkbox"/> Asian Indian                                                                                                                      |  | <input type="checkbox"/> Filipino         |                                                                                                             | <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable |                       |
| Donor's Hispanic Origin: (Check the box that best corresponds with the decedent's ethnic identity.)                                                        |  |                                           |                                                                                                             |                                                                                                           |                       |
| <input type="checkbox"/> Not Spanish, Hispanic or Latino                                                                                                   |  | <input type="checkbox"/> Mexican American |                                                                                                             | <input type="checkbox"/> Puerto Rican                                                                     |                       |
| <input type="checkbox"/> Cuban                                                                                                                             |  | <input type="checkbox"/> Mexican          |                                                                                                             | <input type="checkbox"/> Unknown                                                                          |                       |
| <input type="checkbox"/> Refused                                                                                                                           |  | <input type="checkbox"/> Not Obtainable   |                                                                                                             |                                                                                                           |                       |



| Donor's Name:                           |                                       |                       |                                                                                                                 |
|-----------------------------------------|---------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| First Name:                             | Middle Name:                          | Last Name:            |                                                                                                                 |
| Donor's Background:                     |                                       |                       |                                                                                                                 |
| Donor's Occupation (before retirement): | Donor's Industry (before retirement): | Years in Occupation:  | U.S. Armed Forces:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Donor's Birth State:                    | Donor's Birth City:                   | Donor's Birth County: |                                                                                                                 |
| Father's First Name:                    | Father's Middle Name:                 | Father's Last Name:   |                                                                                                                 |
| Mother's First Name:                    | Mother's Middle Name:                 | Mother's Maiden Name: |                                                                                                                 |

Your next of kin or representative contact is a very important person. It is their responsibility to ensure that Life Tree Anatomical has been contacted in the event of death. Once contacted, LTA will arrange for transportation to our facility. Additional contact will be necessary. Life Tree Anatomical DOES NOT order death certificates. Instructions on how to obtain a certified death certificate will be provided to the next of kin contact or representative contact.

| Next of Kin Contact Information or Representative (will have access to all information and will receive cremated remains if return is chosen):                                           |            |                        |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|------|
| First Name:                                                                                                                                                                              | Last Name: |                        |      |
| Address:                                                                                                                                                                                 | City:      | State:                 | Zip: |
| Relationship:                                                                                                                                                                            | Phone:     | Email (if applicable): |      |
| Alternate Next of Kin Contact or Representative Information (will have access to all information and may receive cremated remains only if the first Next of Kin Contact is unavailable): |            |                        |      |
| First Name:                                                                                                                                                                              | Last Name: |                        |      |
| Address:                                                                                                                                                                                 | City:      | State:                 | Zip: |
| Relationship:                                                                                                                                                                            | Phone:     | Email (if applicable): |      |
| Person Authorizing Donation:                                                                                                                                                             |            |                        |      |
| Signature:<br><b>X</b>                                                                                                                                                                   |            | Date Signed:           |      |

Call us anytime if you have any questions or concerns. We are always available to help.