



Requirements and Registration Packet – **Next of Kin**

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
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: 512.861.2477
email:info@lifetreeanatomical.com

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 your relationship to the donor.
- 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 your relationship to the donor.
- 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, complete and sign at the bottom of the page.
- Determine the 1st and 2nd Next of Kin/Representative choices. Life Tree Anatomical will only release information to the NOK/Representatives named in this section.
 - The 1st person will be our point of contact and receive the cremains. Usually this this is the agent signing the authorization packet.
 - The 2nd person will be a backup and can access information.
 - If the 1st choice is deceased, the 2nd choice will receive the cremains.

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



Dear Donor or Donor Family,

Your whole-body donation to Life Tree Anatomical will make a significant impact in the education of so many healthcare specialists. We are very appreciative of your gift. The vast majority of our donors are easily accepted and meet our criteria for medical education and research. Sometimes, our organization must work with families when a donor cannot be accepted even after we receive the donor body. Some of these possible reasons could be:

- **Infections such as Hepatitis, HIV or Tuberculosis**
- **Height or weight calculations were inaccurate during initial phone assessment**
- **Medical ailments not disclosed to us during your phone interview that may affect skin or skeletal integrity**
- **And other possible unusual medical conditions**

Though we strive to work with families, the above circumstances would limit us to two actions after receiving your donor body:

- **We may have to return the donor body back to the funeral home of your choice**
- **Life Tree Anatomical is given permission to cremate the body**

Both above situations will incur a cost to the donor family. LTA cannot assume or pay any of these costs including initial transportation to our facility. Donors who pass outside of the state of Texas may incur others costs not listed above. These could include funeral home holding costs, excess mileage transportation fees, and/or out of state transit fees. Your signature at the bottom of this page signifies you understand and agree to our above terms and conditions.

We thank you for your incredible gift, and we look forward to helping in any way possible.

Donor/Designee Signature

Donor/Designee Printed Name

Date

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Aaron A. Ali, M.D.
CEO and Co-Founder
Life Tree Anatomical
512-402-8533



ANATOMICAL WHOLE BODY DONOR ACKNOWLEDGEMENT FORM

I, the undersigned, acknowledge that Life Tree Anatomical (*name of donee Willed Body Program or Non-Transplant Anatomical Donation Organization*) informed me about the following regarding my whole body donation for the advancement of medical, dental, and forensic science education, training, and/or research. **(Check the boxes that apply).**

1) The donee may or will use my whole body or part of my body donation for:

- Medical education (e.g., medical, dental, or health professions educational courses/labs).
- Research (e.g., anatomical, cellular, and/or tissue studies, medical device innovation).
- Clinical skills training (e.g., medical device training, current or new surgical training).
- Mortuary science education (e.g., training for funeral services, embalming).
- Forensic science education (e.g., studying body decomposition outdoors in the natural elements) or search/rescue training (e.g., canines used to find a body/part buried in debris).
- Other: _____

2) Consequences of donating my whole body to the donee will or may include:

- Students/health professionals dissecting or observing the dissection of my body/body parts, where the skin and tissue are cut or taken apart, to learn about the body by identifying muscles, nerves, vessels, bones, joints, and/or organs.
- The removal/separation of body parts from my body and transferred to multiple locations for trainings, medical device testing, education, etc., by the donee or 3rd parties.
- The transfer of my body/body part(s) to 3rd party facilities:
 - in-state
 - out-of-state
 - out-of-country.
- Use by students and health professionals at traditional educational settings (e.g., university classrooms/labs), traditional medical facilities (e.g., hospitals, bioskills facilities), or non-traditional facilities (e.g., hotels, convention centers).
- Redistribution of my body in-state/out-of-state by the Texas Funeral Service Commission.
- Photo/video use of my body or body parts, which may include identifying features.
- Other: _____

3) The final disposition of my whole body donation by the donee may include:

- Cremation and return of the cremated remains to the family/designee.
- Use or cremation by the donee or third-party, and cremated remains will not be returned.
- Other: _____

Donee gave me time to ask questions and receive information on the uses, consequences, and final disposition of my whole body donation. I understand more detail will be in the consent form.

Donor/Designee (Signature)	Donor/Designee Name (Printed)	Donor DOB	Date
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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’s Next of Kin
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Prospective Donor Information:

Age	
Estimated Height	
Estimated Weight	
Any implanted devices or material requiring surgery (eg., knee replacement, pacemaker, bladder sling)? <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)? <i>If YES, please explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Currently under hospice care? <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:	

Donor’s Name (Please Print):	Phone Number:
Name of Person Submitting Information (Please Print):	Phone Number:
Signature of Person Submitting information: X	Date Signed:

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 the body will be accepted at the time of death. I understand that the body donation will be declined by LTA if a contagious disease (e.g., HIV, TB, Hepatitis) is known, or an independent autopsy is performed, or the body has been embalmed. If LTA is unable to use the body for these or other reasons, the Representative or Next of Kin will be notified of the need to make other arrangements for the final disposition of the 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 Next of Kin does not respond 30 days following this notification, I authorize LTA to cremate the body per Cremation Authorization Form.**
7. Upon completion of the use of the body, I authorize LTA to cremate the 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.

Signature: X		Date Signed:	
Printed Name:		Relationship to Donor :	
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.

Notary OR Disinterested Witness # 1 Signature: X	Printed Name:	Date Signed:
Notary Stamp OR Witness # 2 Signature: X	Printed Name:	Date Signed:
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 it may be 12 months before cremated remains become available for return.
4. **I understand that cremated remains will be returned to my Next of Kin when the need is complete.**
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.

Signature: X		Date Signed:	
Printed Name:		Relationship to Donor (If Self, Please State):	
Street Address:		Phone Number:	
City:	State:	Zip Code:	

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

Notary OR Witness # 1 Signature: X	Printed Name:	Date Signed:
Notary Stamp OR Witness # 2 Signature: X	Printed Name:	Date Signed:
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:	

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: X				Date Signed:	

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