Pre-Need Donor Application

Donor’s Legal Name:
Willed Body Program, UC Irvine School of Medicine

Vital Statistics

Donor Name: ___________________________________________ Male □ Female □

First Name: __________________________________________ Middle Name: __________________________ Last Name: __________________________

 также выражение AKA (if applicable): __________________________

Usual Address: __________________________________________

City: __________________________________________ Zip Code: __________________________

Residence County: __________________________ Number of Years in This County: __________________________

Race/Ethnicity: __________________________________________ Spanish/Hispanic/Latino: □ Yes □ No Specify: __________________________

Date of Birth: ___/___/__________ Birth State/Country: __________________________

Father's Name: __________________________________________ Birth State/Country: __________________________

Mother's Name: __________________________________________ Birth State/Country: __________________________

Social Security #: __________________________

Armed Forces: □ Yes □ No □ Unknown

Marital Status: □ Single Never Married □ Married □ Widowed □ Divorced □ Domestic Partner Registered

Surviving Spouse: __________________________

First Name: __________________________

Middle Name: __________________________

Last Name: __________________________

Usual Occupation (PLEASE DO NOT SAY RETIRED. If retired, give occupation before retirement): __________________________

Years in occupation: __________________________

Kind of Business or Industry: __________________________

Name of Doctor: __________________________________________

Address: __________________________________________

City: __________________________________________ Zip Code: __________________________

Additional Information Including Illnesses, Operations, Accidents: __________________________

CT, MRI, etc. Participant in imaging study (CT, MRI, etc.): __________________________

Surgery on knee, hip, shoulder, spine or other joint: __________________________

Hysterectomy or prostatectomy: __________________________

Religious Affiliation (optional): __________________________

My signature below indicates that all of the information above is true to the best of my knowledge.

Signature: __________________________

Date: __________________________

Print Name: __________________________

Relationship (if self, please indicate): __________________________
Notice to Informants (aka responsible party/survivor): The information requested is essential for determining the health problems of the population groups noted below, and your cooperation is appreciated. Completion of this worksheet in conjunction with the "Certificate of Death" is mandatory.

**DECEDENT’S EDUCATION**

Check the box that best describes the highest degree or level of school completed at the time of death.

- ☐ 0-11th grade.
  Enter highest year completed: ______

- ☐ 12th grade, but no diploma.

- ☐ High school graduate or GED completed. Enter either HS GRADUATE or GED: __________________________

- ☐ Some college credit, but no degree

- ☐ Associate degree (e.g., AA, AS)

- ☐ Bachelor’s degree (e.g., BA, AB, BS)

- ☐ Masters degree (e.g., MA, MS, MEng, MEd, MSW, MBA)

- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

**WAS DECEDENT SPANISH/HISPANIC/LATINO?**

- ☐ No

- ☐ Yes, Mexican, Mexican American, or Chicano

- ☐ Yes, Central American

- ☐ Yes, South American

- ☐ Yes, Cuban

- ☐ Yes, Puerto Rican

- ☐ Yes, other Spanish/Hispanic/Latino

  Specify: __________________________

**DECEDENT’S RACE OR ETHNICITY**

(Check one or more races to indicate what the decedent considered himself or herself to be.)

Enter up to 3 races.

- ☐ White

- ☐ Black, African American, or Negro

- ☐ American Indian or Alaska Native (North, South, and Central American Indian)

  Specify Tribe(s) ______________

- ☐ Native Hawaiian

- ☐ Guamanian

- ☐ Samoan

- ☐ Other Pacific Islander

  Specify: __________________________

- ☐ Asian Indian

- ☐ Cambodian

- ☐ Chinese

- ☐ Filipino

- ☐ Hmong

- ☐ Japanese

- ☐ Korean

- ☐ Laotian

- ☐ Vietnamese

- ☐ Other Asian

  Specify: __________________________

- ☐ Other

  Specify: __________________________
Donation Agreement

Willed Body Program
California University of Health Sciences UC Irvine School of Medicine

I. Willed Body Program Information

The UC Irvine Willed Body Program (also known as donated body or anatomical materials program and hereafter referred to as "PROGRAM") operates for the following purposes and under the following principles:

The Program accepts donations of human bodies for use by various individuals and institutions in connection with education and research. In doing so, the Program's goals are: (1) assisting in the education and continuing education of current and future health care practitioners, anatomists, forensic scientists, and mortuary technicians; and (2) biomedical, forensic, and other scientific research that will assist in the development of procedures and/or products with the general intent of improving the human condition.

A donated body will be used by the Program and others in a manner to be determined exclusively by the Program, pursuant to the policies and procedures that are in effect at the time of a donor's death or as they may be revised thereafter.

Upon proper completion of this donation agreement (AGREEMENT) as well as the vital statistics sheet and the Department of Health and Human Services Education and Race/Ethnicity worksheet, and upon subsequent registration in the Program, donors will be provided with a Donor Card that contains the information necessary to assist in contacting the Program at the time of death. Donations are confidential. Once a donor's remains have been accepted into the Program and an acknowledgement has been sent to the person a donor may designate in this form, the Program will not provide any further information concerning the use and/or disposition of a donor body.

When a donor signs this form, or when an appropriate party signs on behalf of the donor, he/she specifically waives the provisions of California Health & Safety Code Section 7151.40(b) that provides for the return of cremated remains to certain individuals. Due to the nature and variability of uses for scientific research and education, cremated remains WILL NOT be returned.

Initials __________________
Upon death, a donor must be delivered to the Willed Body Program as follows:

1. The Program is to be notified of the death immediately, as a delay can result in rendering the remains unusable to the Program.
2. The body is to be un-embalmed or otherwise unprepared for disposition.
3. Every effort will be made to accept a donor body; however, the Program may, at its sole discretion, reject a donation at the time of death. If this situation arises, the designated survivor/responsible party will be required to make alternative arrangements for the disposition of the remains.
4. If death occurs within 200 miles of the University of California, Irvine, the Program will arrange for and pay for the cost of transporting the body.
5. If death occurs more than 200 miles from the University of California, Irvine, the Program shall have the option of: (1) accepting the donation after confirmation by the designated survivor/responsible party for the cost of transporting the body to the Program, via use of a transportation provider approved by the Program; (2) arranging for the body to be accepted by another University of California Willed Body Program closer to the place of death; or (3) declining to accept the donation of the body.
6. The Program will have an original certificate of death filed with the county where death occurs by means acceptable to the Registrar of Deaths and Births. It will be the responsibility of the survivor/responsible party to obtain all necessary copies of the certificate.
7. As determined by the local campus, third party donations (e.g. Agent named on a Durable Power of Attorney for Health Care, spouse or registered domestic partner) may also be accepted. Individuals making third party donations must sign the required documentation at the conclusion of this document specifying that they are compliant with the criteria defined herein.

본인, _______________는 이로서 본인의 사망 시 해부 기증을 받았음을 숙인할 다음의 개인을 지정한다. 기증자의 이익을 대변하여 서명하는 경우에는 당사자 생존자/책임 있는 제 3자로 지정해야 함.
I hereby designate the following individual to receive acknowledgement of my donation upon my death. If you are signing on behalf of the donor, you may designate yourself as the survivor/responsible party.

이름 NAME
관계 RELATIONSHIP
주소 ADDRESS
시/ 주/ 우편번호 CITY/ STATE/ ZIP CODE
전화번호/ 이메일 PHONE/ EMAIL
또는 OR
받는 이름 지정하지 않을 것을 선택한다 I elect not to name a recipient ________ 시명 Initials ________
III. 기증된 시체의 사용 USE OF DONATED BODIES

인체 전체의 기증자는 월드 바디 프로그램에 받아들여져 다음과 같이 사용된다.

1. 시체의 도착과 동시에 본 프로그램은 이 동의서에 나열된 정보를 이용해 이 전 섹션에서 지정된 사람에게 받았음을 알려는 통지를 보낸다. 생존자가 사망 증상 시를 받을 수 있는 가운데 보건부 주요가 이 통지를 수용되어 있다. 이 통지사나 다른 이후의 모든 소통에도 시체의 전체나 부위의 사용처, 위치, 분석이나 분류에 관한 구체적인 정보는 제공되지 않는다.

2. 시체가 도착한 이후 본 프로그램이나 여기 기술된 허가 제로로 사용이 인정된 개인 또는 기관에서 시체의 활용이 불가능하다고 판단되는 경우 시체는 화장되고 화장된 유해는 당시 현존하는 경비포니아 밤에 준하는 방법으로 폐기처리된다. 시체와 함께 들어온 안경, 블라, 심장박동 조절장치 등의 개인 소지품은 기부되어 개조될 수 있다. 그 외 옷가지나 이불 등의 폐기처리 된다.

3. 기증된 시체는 도착하는 대로 B형 간염, C형 간염, 에이즈 검사 등을 할 수 있다. 검사결과가 기증자가 지정한 생존자나 책임 있는 제 3 자에게는 알려지지 않지만 법에 의해 명령을 받을 경우 경비포니아 보건부에 보고될 수는 있다.

4. 기증된 시체는 본 프로그램에 의해 임상적으로 보존될 수 있으며 (그렇지 않을 수도 있지만) 또는 방부처리 되지 않은 상태의 허부 제로로 사용될 수도 있다.

5. 기증된 시체는 점검되고 검사되고 연구되고 상당기간 보존되어 한가지 이상의 목적으로 사용될 수 있다. 기관이나 사지 동물의 부위들 이 몸 전체로부터 점검되어 제거될 수도 있다. 해체이나 조각이 분석되고 파괴될 수 있다.

6. 기증된 시체나 시체의 부위는 교육자, 학생, 연구자 또는 경비포니아 대학의 다른 캠퍼스, 다른 교육기관, 연구원, 비영리 기관, 영리 기관 등에 사용되어질 수 있다. 기증할 때 기증자나 생존자 혹은 책임 있는 제 3자가 시체를 어디로 운반하며 누가 또는 어느 기관에서 시체를 사용하는지를 지정할 수 없다.

7. 시체나 시체의 일부가 경비포니아 대학 캠퍼스와 연합되어 있지 않은 장소에 보관되어 개인이나 기관에 의해 사용되는 경우, 취득, 보존, 보관, 운반 그리고 관련비용 (고정, 비고정 비용 모두)을 최종 수요자로부터 화복할 권리를 본 프로그램이 갖는다.

Whole body donors may be accepted by the Willed Body Program and used in the following manner:

1. Upon receipt of the body, the Program will use the information furnished in this Agreement to send an acknowledgement notice to the person designated, if any, in the previous section. That notice will include the address of the appropriate county Department of Health where survivors can obtain certified copies of the death certificate. The notice as well as any future communications will not provide any specific information concerning the use, location, analysis or disposition of the body, or any part of the body.

2. Once received, if it is determined that, for any reason, a body cannot be used by the Program, or by any person or entity approved for use of anatomic material donated to the Program as described herein, it will be cremated and the cremated remains will be disposed of in any manner consistent with then-existing California law. Personal effects received with a body including eyeglasses, dentures or pacemakers may be donated and refurbished. Other items such as clothing or bedding will be discarded.

3. A donated body may be tested for Hepatitis B, Hepatitis C, and HIV upon receipt in the program. Results of tests will not be disclosed to the donor’s designated survivor/responsible party but may be reported to the California Department of Heath Services if mandated by law.

4. A donated body may be, but need not be, chemically preserved by the Program or may be used in an un-embalmed state as anatomical material.

5. A donated body may be dissected, examined, studied, preserved for a substantial period of time, and used for more than one purpose. Parts of the body such as organs or limbs may be removed and separated from the whole. Bodily fluids and tissues may be analyzed and destroyed.

6. A donated body and/or part of the body may be provided to educators, students, researchers, or others at other University of California campuses, as well as to other educational institutions, researchers, non-profit entities and for-profit entities. When making a donation, donors, survivors and/or responsible parties cannot designate the uses to which the body will be put nor the persons or entities that will use the same.

7. If a donated body, or parts thereof, are used by persons and/or entities not associated with the University of California campus at which the body is housed, the Program shall be entitled to recover all of its acquisition, preservation, storage, transportation and related costs (both fixed and non-fixed) from the end user.
IV. 가부등 시체의 처분 DISPOSITION OF DONATED BODIES

The following applies to the ultimate disposition of donor bodies by the Program. By signing this agreement, a donor or his/her responsible party authorizes the Program and its agents to dispose of the donation by cremation or by other legal manner that may be approved at the time of death:

1. Because parts of the body may be removed during its use, these parts may be disposed of at different times and at different locations.
   * Upon completion of the use of a body, or any part of a body, the material may be cremated and/or otherwise disposed of by any means permitted under California law in effect at the time.

2. Under certain circumstances, body parts, tissue, fluids, may undergo disposition with such material from other donors in accordance with California law.

3. Survivors/responsible parties will not be notified of the time, place or manner of the disposition of a body or any part of a body, or of the final disposition of the remains. The cremation of some parts of the body may not result in the creation of any remains for disposition due to the composition of those body parts.

4. The donor or legally responsible person signing on behalf of the donor expressly waives the provisions of California Health & Safety Code Section 7151.40(b) that provides for the return of cremated remains to certain individuals. Due to the nature and variability of uses for scientific research and education, cremated remains WILL NOT be returned.

5. The Program undertakes no duty to survivors of the donor with respect to the handling, disposition, disposal, or return of the donor’s remains.

Initials ___________________
V. 기증 철회 REVOCATION OF A DONATION

1. 셀프기부

캘리포니아 보건 안전 규약 7150항에 정의된 기증자는 해부용 기증을 사망 전 아무 매나 철회할 수 있다. 사망 후에는 생존자나 책임 있는 제 3자에 의해 이 기부 동의를 철회할 수 없고 증여의 어떤 문헌이나 조건을 고집 수 없다. 이 동의서에 서명함으로써 기증자는 캘리포니아 대학의 선행에 사망 후 시체의 사용관리 및 처분의 독점적 권리를 부여하는 것이다.

2. 권한을 부여 받은 사람에 의한 기증

사자를 제외한 캘리포니아 보건 안전 규약 7100, 규약 7151, 유언 규약 4683에 의거해 기증의 병적 권리를 가지는 사람은 사자의 시체의 부위가 제거되는 절차가 시작되기 이전에 아무 매나 해부용 기증 동의를 철회할 수 있다.

1. Self Donation

A donor, as defined in California Health and Safety Code 7150, may revoke an anatomical donation at any time prior to death. After death, this donation cannot be revoked by survivors/responsible parties, and survivors/responsible parties cannot change any term or condition of the gift. By signing this agreement, a donor intends for the Regents of the University of California to have the exclusive right to control the use and disposition of their body upon death.

2. Donation made by other authorized person

An authorized person, other than the decedent, who has the legal right to make a donation according to California Health and Safety Code 7100, Code 7151, and Probate Code 4683, may revoke an anatomical donation at any time before procedures have begun for the removal of a part from the body of the decedent.

서명 Initials ______________
I hereby donate my body upon my death to the Willed Body Program referenced above. It is my wish and my specific instruction that, upon my death, my body is to be donated to the Program pursuant to the terms and conditions set forth herein. I am at least 18 years of age. I adopt these descriptive and declarative terms and conditions as my own and make them my instructions as to the disposition of my body upon my death. I have read and considered all of the information contained in this Donation Agreement. I have initialed each section of the Agreement indicating my understanding of the information and my desire to donate my body pursuant to this Agreement.

**서명 SIGNATURE ________________________________ 날짜 DATE _______________
이름 NAME _______________________________________
주소 ADDRESS _____________________________________
시/ 주/ 우편번호 CITY/ STATE/ ZIP CODE ____________
전화번호/ 이메일 PHONE/ EMAIL ____________________

**중인 WITNESSES**

아래 서명한 우리는 기증자가 본 서류에 서명하는 것을 목적하였다. “사실 없는 중인” 이란 배우자, 자녀, 부모, 형제, 손자, 손녀, 조부모 혹은 기증자의 해부용 장여를 선정하고 보상하고 저부할 수 있는 후견인 혹은 기증자에게 다른 특별한 관심과 걱정을 보이는 상인, 이 모든 사람이 아닌 중인을 뜻한다. 이 조건은 해부용 장여가 셔린 7150.50 으로 통하는 사람은 포함되지 않는다.

We, the undersigned, have witnessed the signing of this document by the donor. “Disinterested witness” means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under Section 7150.50.

**중인 WITNESS**

서명 SIGNATURE ________________________________ 날짜 DATE _______________
이름 NAME _______________________________________
주소 ADDRESS _____________________________________
시/ 주/ 우편번호 CITY/ STATE/ ZIP CODE ____________

**사실 없는 중인 DISINTERESTED WITNESS**

서명 SIGNATURE ________________________________ 날짜 DATE _______________
이름 NAME _______________________________________
주소 ADDRESS _____________________________________
시/ 주/ 우편번호 CITY/ STATE/ ZIP CODE ____________
Privacy Act Notification

University of California, Irvine
Willed Body Program

STATE
The California Information Practices Act of 1977 requires the University to provide information to the individual to whom the information pertains.

Furnishing information requested in the Vital Statistic sheet is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form will be transmitted to the state and federal governments if required by law.

Civil Code Section 1798.9 et seq. requires each state agency to provide notice to individuals completing this form (VS-11 Certificate of Death and VS 9 Application and Permit for Disposition of Human Remains). The information is being requested by: Department of Health Services, Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241. The information requested on this certificate is authorized as required by Divisions 7 and 102 of the Health and Safety Code, and related provisions with the Civil Code, Code of Civil Procedure, and Government Code.

The principal purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each death occurring in the State of California.
2. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
3. To provide information to the National Center for Health Statistics for compiling national statistical reports, and to state and federal agencies for file clearance purposes.
4. To provide individuals with certified copies from the records to serve their personal needs, such as applying for social security or death benefits.

Individuals have the right to review their own records in accordance with the Information Practices Act and University policy. The record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

The State of California Health and Safety Code Section 7054.6, 7117 and 10376, and related provisions in the Civil Code, Code of Civil Procedure, and Government Code, authorize maintenance of this information. The director responsible for maintaining the information contained on this form is the Willed Body Program Director, University of California, School of Medicine, Dean’s Office, 252 Irvine Hall, Irvine, CA 92697-3950.

FEDERAL
Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to the regulations of the State Registrar of Vital Statistics. The social security number is used to verify your identity.

HIPAA (Health Insurance Portability and Accountability Act) laws and how they relate to the reporting of vital event records.

The information necessary to complete the Certificate of Birth and Certificate of Death is required by California State law (Health & Safety Code Sections 102425 and 102875 respectively). The Privacy Rule permits covered entities to disclose PHI (Protected Health Information), without authorization, to public health authorities or other entities that are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This includes the reporting of disease or injury and reporting of vital event records, such as births and deaths (Reference 45 Code of Federal Regulations (CFR) Section 164.512).