



# The Albany Medical College

## Anatomical Gift Program

47 New Scotland Avenue, MC135, Albany, New York 12208-3479

(518) 262-5379

Room J 410-5

The Albany Medical College deeply appreciates your desire to bequeath your body for the purpose of medical education and/or research. In order for this matter to be handled in an orderly fashion, the following suggestions are offered:

Read these documents carefully and complete the forms. Return the appropriate copy of the DOC, along with the Statistical Information Sheet to:

Albany Medical College  
Anatomical Gift Program MC-135  
47 New Scotland Ave.  
Albany, New York 12208

The second copy should be kept by the person who will be contacting Albany Medical College at the time of the donor's death, perhaps a next-of-kin, physician, attorney, clergyman, etc. The third copy should be kept by the donor for his/her records. We strongly suggest that donors discuss their wishes with family and friends so that everyone is aware of the Anatomical Gift Program's policies and procedures.

In the event of your death, a member of your family or other appropriate individual should notify the Anatomical Gift Program at (518) 262-5379 to determine whether your donation can be accepted and, if so, for instructions as to how to proceed. The College will need pertinent information about the donor, such as name, cause of death and age. We will also need the name, address and telephone number of the next-of-kin or person designated as power of attorney.

Upon notification and acceptance of your donation\*\*, Albany Medical College will arrange for removal and transportation of the body to the College. Should death occur at a distance, which makes timely delivery to the Albany Medical College impractical or excessively expensive, or should you move from the Capital District, we would be happy to provide the name and address of the nearest medical school with an anatomical gift program.

*\*\*Please note, however, that from approximately December 18th through January 3rd of each year, the Program must be closed due to the temporary unavailability of certain resources necessary to its acceptance of donors' gifts. The Program will therefore be unable to accept any donor's remains during those times, and his or her family will need to make other arrangements for their disposition.*

Shortly after receipt of your completed Declaration of Consent, you will receive a letter of acknowledgement and enrollment in the Anatomical Gift Program. (Please note, however, that enrollment does not constitute acceptance of your gift by the College, since that decision must be based on available Program capacity and other factors in existence at that time.) If you have any questions, please feel free to write or call the Anatomical Gift Program at the address and/or telephone number listed above.

Again, thank you for your very generous spirit in this matter and please be assured that you are making a noteworthy contribution to the education of young physicians.

Leon J. Martino, Ph.D.  
Director

Julie Carpenter  
Program Coordinator

Ann Singh  
Administrative Assistant

**Anatomical Gift Program MC-135  
Albany Medical College  
47 New Scotland Ave  
Albany, NY 12208**

## **ALBANY MEDICAL COLLEGE ANATOMICAL GIFT PROGRAM DECLARATION OF CONSENT**

As authorized by the provisions of the Uniform Anatomical Gift Act of the Public Health Law of the State of New York, I direct that, immediately after my death, Albany Medical College, be so notified and that within **24** hours following my death, my body be made available to them for the purpose of medical education and/or research.

**Anatomical Gift Program, (518) 262-5379, fax (518) 262-5136**

- It is understood that receipt of this Declaration of Consent does not constitute a guarantee that Albany Medical College will ultimately accept the donation of my remains, since that decision must be made in light of all circumstances in existence at the time of my death.
- Upon its acceptance of the donation\*\*, the College will arrange with a contracted funeral home to have my remains transferred to Albany Medical College, within 24 hours of death, and within a **100** mile radius of the Albany Medical College, at College expense (death certificates, obituaries, register books, prayer cards, a memorial service other than AMC's, etc., are not included). If death shall occur outside the 100 mile radius, Albany Medical College will, upon such acceptance, make arrangements for the transportation of my body to the Albany Medical College. In this case, however, the Albany Medical College will reimburse a Funeral Director for the transportation expenses **only**, not to exceed the amount of \$300.00; and any additional expenses will be borne by my estate and I have so directed my family and/or the executor or administrator of my estate. If preferred, a specific funeral home may be used however they must agree to the Albany Medical College's payment structure and all additional costs are borne by my estate. If one is requested, the family or heirs should notify us at the time of death.

*\*\*Please note, however, that from approximately December 18th through January 3rd of each year, the Program must be closed due to the temporary unavailability of certain resources necessary to its acceptance of donors' gifts. The Program will therefore be unable to accept any donor's remains during those times, and his or her family will need to make other arrangements for their disposition.*

It is understood that a determination of the acceptability of my remains will be made at the time of death and that the Albany Medical College reserves the right to **decline the donation** under conditions where there is family dissent, where my remains are deemed unsuitable for educational or research purposes, or for other reasons such as current lack of sufficient physical capacity to accept additional donations. Examples of unsuitability of remains include extreme decomposition, autopsy, infectious disease or weight limitations. In the event Albany Medical College declines my donation, alternate arrangements for the disposition of my body must be made by my family or otherwise on behalf of my estate. If my donation is declined, my heirs or others legally empowered to act in such matters will be solely responsible for the disposition of my remains.

- Albany Medical College encourages organ donation, and will not decline your donation by reason of organ donation.
- It is understood that following acceptance of my donation the Albany Medical College may, if desired, perform tests for infectious diseases or request copies of my recent medical records for such purposes as to determine the suitability of applicable studies. The Anatomical Gift Program is not empowered to perform an autopsy and does not release findings or medical records.
- It is understood that at times of need, my remains may be transferred to another medical school or allied health school for the purposes of medical education and/or research, unless I have notified the Albany Medical College otherwise, in writing.

I have a read and understand the statements contained within this Declaration of Consent

Signature \_\_\_\_\_

**RETURN THIS COPY TO AMC**

Following their use for educational and/or research purposes (approximately 12 to 24 months), all bodies are individually cremated. One of the following interment options for the final disposition of the cremains **MUST** be checked:

I would like my cremains interred in one of the Albany Medical College plots:

☐ Albany Rural Cemetery ☐ St. Agnes Catholic Cemetery

Please notify the following individual of the memorial and interment service:

Relationship to you? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

I would like my cremains returned to my family or heirs.

Please notify the following individual when the ashes are available for return:

Relationship to you? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(if available)

Alternate individual in event the above cannot be contacted:

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(if available)

According to the law of the State of New York, donors of bodies must be of sound mind and be at least eighteen years of age. This document must be signed by the donor in the presence of two witnesses who are at least 18 years of age. These forms need not be notarized.

**Please print or type all information clearly:**

Name (Mr.-Mrs.-Miss-Ms.) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone(\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**Statistical Information Sheet Concerning Donor (Yourself) is Required for the  
Proper Completion of the Death Certificate. (Please print or type)**

Name: First \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ DOB: \_\_\_\_\_

City & State of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Current Address & County \_\_\_\_\_

Phone # \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

US Armed Force? No \_\_\_\_\_ Yes \_\_\_\_\_ War or Service Dates \_\_\_\_\_

Usual Occupation (do not enter retired) \_\_\_\_\_ City/St. \_\_\_\_\_

Kind of Business or Industry \_\_\_\_\_ Homemaker Y \_\_\_\_\_ N \_\_\_\_\_

Education Level <8<sup>th</sup> gr. \_\_\_\_\_ 9<sup>th</sup>- 12<sup>th</sup> gr. W/ Diploma \_\_\_\_\_ 9<sup>th</sup>- 12<sup>th</sup> W/GED \_\_\_\_\_

College: Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Doctorate/Professional Degree \_\_\_\_\_

Fathers Full Name \_\_\_\_\_ Fathers Place of Birth City & St. \_\_\_\_\_

Mothers First& Maiden Name \_\_\_\_\_ Place of Birth City & St. \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's First & Maiden Name \_\_\_\_\_

Spouse's Address & Phone # (if different) \_\_\_\_\_

Physician: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Medical History and other Pertinent Information** is vital to determine the suitability of applicable studies.

**This Information will NOT hinder your donation**

Check any of the following which you may have incurred:

☐

Pacemaker

☐

Coronary bypass surgery

☐

Coronary valve replacement

☐

Knee Replacement

☐

Hip Replacement

☐

Abdominal Surgery

☐

Hysterectomy

Please list chronic conditions and any major procedures or surgeries not listed above:

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