

Logan University Anatomical Donor Forms

Thank you very much for your interest in donating your body to Logan University. Logan sincerely appreciates the generous gift you are making toward the improvement and advancement of chiropractic and health education and research. Please review the information indicated below. We recommend that you talk to your family, medical providers (including physicians), and/or attorney to assist you in understanding this gift. This may also assist family in carrying out your wishes upon your death. Do be advised that not all donors will have their bodies accepted at their death. Logan reserves the right, at its sole discretion, to refuse a body that may not be suited to educational advancement and research. Such refusal may include, but is not limited to, the donor was embalmed, had organs removed or had a communicable disease (such as HIV-AIDS, Hepatitis B&C, MRSA, ESBL, etc.). In other circumstances, we may also refuse a body that has had severe trauma (including suicide), recent invasive surgery, or extreme obesity. In the event we are unable to accept your body, we ask that you have an alternate plan prepared.

Memorials: Decisions regarding personal memorials at the time of death are left to each family. We sincerely appreciate this gift of your body. Logan University holds a memorial service each May, where we invite family and friends of donors to join Logan University in honoring loved ones, collectively. You will be contacted with the date and time.

The cremated bodies upon completion of the program that opted to not have the cremains returned are buried at Holy Cross in Ellisville, MO 60111. There is one common grave marker with the scription: "In memory and thanksgiving, the administration, students, faculty and staff at Logan University express appreciation to the families of those who have donated bodies. This precious gift has allowed students to chiropractic to study the science of the human body.' The location at Holy Cross is Interment Number 72974, Grave location 1, Sectio2, and LOT L.

Please note that this form must be received by a notary. Please return the form to us and we recommend that you keep a copy with your personal and family records.

Gift of Anatomical Donation-By Self

I, _____ the undersigned being of sound mind and eighteen

(18) years of age or older, pursuant to the Revised Uniform Anatomical Gift Act, hereby make an unrestricted gift of my body immediately after my death to Logan University for scientific, educational, or such related uses as the authorized personnel of Logan University, in their sole discretion, deem proper. I hereby direct that, after my death, my unautopsied and unembalmed body be delivered to the Department of Anatomy of Logan University at 1851 Schoettler Road, Chesterfield, Missouri. Unless indicated otherwise below, this gift includes any of my body's cremains that exist after the University has completed its use of my body. I understand that the University in its sole discretion will deem when it has finished use of my body.

This is my free act and deed and not my last Will and Testament and is not intended to revoke, change, alter or cancel, or in any other manner whatsoever, affect any Will made by me during my lifetime nor shall any Will made by me be construed to revoke or alter this gift unless expressly so stated therein and in accordance with applicable law.

Please check one:

[] Upon Logan University's completion of its use of my body, I understand and authorize that Logan University will dispose of my cremains under its regular business practices to Holy Cross

NO RETURN

[] Upon Logan University's completion of its use of my body, I allow an authorized member of my family to request the return of my cremains, I understand that such authorized family member must be listed here. Authorized members of my family, for this purpose, are as follows (see next page)

RETURN REQUESTED

**** Only fill out this page if you are requesting your cremains to be RETURNED****

Please PRINT names of authorized individuals and their contact information for the remains. Please be advised that Logan University will return the remains according to the order of names listed. I.E: We will reach out to the first name listed first, then the second name listed if the first contact is unavailable or cannot accept the cremains. Please be advised that Logan University shares this document with the funeral home responsible for our cremation services. It is your responsibility if members that are listed to receive the cremains to update any change of address, phone number, email. To do this contact Logan University at 636-230-1700.

Cremains are to be returned to the below listed Authorized members of the family once the Anatomical Donor has completed the program:

1st Contact

Name: _____

Relation: _____

Phone Number: _____

Email: _____

Address: _____

2nd Contact

Name: _____

Relation: _____

Phone Number: _____

Email: _____

Address: _____

Donor Information

Please Initial or Answer Y or N

- I understand that it may be several months and or up to three (3) years before the cremated remains are returned to authorized family members. _____
- It is the sole responsibility of the contacts listed to notify Logan University to update a change of address or contact information, Logan University is not responsible if unable to return the cremains if address-contact information is incorrect. _____
- If cremains are returned to Logan University due to address-contact information no longer valid, Logan University has the right to dispose of the cremains under its regular business practice. _____
- At no time will cremated remains to be sent to anyone other than listed. _____
- Can Logan University contact you/family to share the Memorial Service held each year in May? Y / N
- Can Logan University announce | use | print the Donors' name (your name) at the Memorial Service or any Logan University event to honor the Donors of the Anatomical Program? Y / N

Brief Medical History

To help our students learn from your Donor if you can answer any previous medical history listed below to the **best of your knowledge**:

Name: _____

Date of Birth: _____ Sex: _____

Usual Occupation: _____ Number of Children: _____

Service in Arm Services: _____

Known Deformities or Abnormalities: _____

History: Please include type of illness | accidents | fractures | diseases | etc:

OFFICIAL NOTARY FORM

I/We (names of authorized individuals and their contact information):

DONOR'S NAME:(PRINT)_____

Address:_____

Phone:_____ Date:_____

Donor's Signature:_____

STATE OF MISSOURI

I ss

COUNTY OF ST. LOUIS]

On this _____ day of _____, 20_____, personally appeared before me

_____, to me known to be the person described
in and who executed the foregoing Gift of Body of Relative form to Logan University, who being
by me duly sworn, did state that the facts contained in the foregoing Gift are true and that he/she
executed the foregoing Gift as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year

first above written. My Commission Expires:_____

(SEAL)

Notary Public

