

**Information Packet  
& Application**

# Bodies *for* Science

**MANY STRENGTHS. ONE MISSION.**  
A Seventh-day Adventist Organization | [LLUH.ORG](http://LLUH.ORG)



**LOMA LINDA  
UNIVERSITY**  
School of Medicine

# Introduction

## Bodies for Science | Willed Body Program

One of the greatest assets of our nation is the health of its citizens, for which much responsibility is entrusted to our health workers. Each year thousands of young physicians, dentists, nurses and allied health personnel graduate from colleges and universities in our country, providing replacements for their predecessors. The future of our nation depends upon the continued education of these professionals.

### Why is donation important?

Anatomy has long been termed the foundation of medicine, and is basic to the training of health professionals. Medical students must have the opportunity to dissect the human body. This privilege is provided in the anatomy laboratory where they become familiar with each region and system of the body. In this way they are better able, in the course of their training, to make diagnoses, follow the progress of disease, perform surgery, set fractured bones and care for other injuries.

Graduate physicians, too, must continue to have access to human bodies for research and study in the realm of continuing education. It is in the anatomy laboratory that a surgeon can determine the feasibility of a new surgical procedure. Once this has been determined and technical problems have been resolved, this procedure can be used with greater skill and confidence in the treatment of disease in living persons.

The availability of human bodies for such study is essential.

### How can you help?

There is a sincere and growing desire throughout the nation to help the medical profession render the best service possible. Many people are asking "What can I do to further the progress of medical science and thus contribute to the relief of suffering and early death?" Many are finding the answer to this question in the legal provision for the bequeathing of bodies after death to medical institutions so that they may be used for the training of physicians.

This is a wonderful way to perpetuate service for the future benefit of humanity.

### What do the laws dictate?

Organ, tissue and whole-body donation are strictly regulated by state and federal laws. The Uniform Anatomical Gift Act was adopted by all states by 1971 and revised in 2006.

#### California law reads:

*"Every person of sound mind, over the age of 18 years, may dispose of his or her separate property, real and personal, by will. In addition, every such person may by will, dispose of the whole or any part of his or her body to a teaching institution, university, college, State Director of Public Health, or legally licensed hospital, or to, for the use of any nonprofit blood bank, artery bank, eye bank, or other therapeutic service operated by any agency approved by the Director of Public Health under rules and regulations established by the director, either for use as such institution, university, college, hospital or agency may see fit, or for use as expressly designated therein."*  
**(California Probate Code, Section 20)**

## How do you donate?

A Southern California resident living **within 100 miles of Loma Linda** who is interested in making such a contribution to medical science is encouraged to apply.

## Next Steps

Thoroughly read the **Conditions of Acceptance** and keep the first four pages of this packet – please share it with your family and save it for your records. Then, print and complete the following forms:

- Bequeath Agreement
- Personal Record
- Medical History
- HIPAA Release
- Disposition Instructions

The forms must be filled out in their entirety. All of the information therein is required in order to apply to become a donor. Completed forms should be mailed to:

### **Bodies for Science Program**

Division of Human Anatomy

Loma Linda University

24760 Stewart Street

Loma Linda, CA 92350

## Have more questions?

Please don't hesitate to reach out. You may call **(909) 558-4301** or email **bodiesforscience@llu.edu**.



# Conditions of Acceptance

**Effective Date:** October 01, 1976

**Last Updated:** February 08, 2024

1. Loma Linda University is authorized by the State of California to pursue a study of the human body for educational and research purposes. The *Bodies for Science Program* is a branch of the Division of Human Anatomy at Loma Linda University.
2. The University may not accept the remains of a donor if the body has been autopsied, is a suicide, has a communicable disease, or excessive weight according to weight/height ratios.
3. **Donation is for the entire body and is not compatible with organ, tissue, or gland donations.** The *Bodies for Science Program* is not associated with organ, tissue, or gland banks, and is not able to arrange for donation of specific parts of the body.
4. No payment can be made by the University at any time in connection with a donation. This policy is in accordance with State laws.
5. Applications must be filled out in their entirety. Incomplete applications will be returned. The Bequeath Agreement must be co-signed by 2 adult witnesses, one of which must be a disinterested party. "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.
6. There is a charge of **\$300.00** for transportation within a 100-mile range of Loma Linda. Loma Linda University will make arrangements for removal and transportation of the body to the University. For distances greater than 100 miles, an extra fee will be charged.
7. Donors are strongly encouraged to **prepay** the transportation fee to help minimize confusion at the time of death. A check should be made payable to: **Bodies for Science**. For donors that are not prepaid, a family member will be responsible for any outstanding balance. The money will be deposited into a restricted account until the Program is notified that the donor's death has occurred. At this time funds will be withdrawn and paid to the transport service contracted by Loma Linda University. If a donor prepays and later decides to withdraw his or her body donation, the money will be fully refunded.
8. **Two or more years** are often required to complete the study of a body which has been bequeathed to the *Bodies for Science Program*. Following the completion of our studies, the body is cremated and the ashes are stored until such time as they are interred in a University-purchased community burial plot. Once the remains have been interred by the University, they are irretrievable.
9. If the donor or the family of a donor wishes the ashes to be buried in another location, the **Disposition Instructions Form** must be submitted to the *Bodies for Science Program*. All alternative burial arrangements, related expenses, and the **maintaining of current contact information** shall be the responsibility of the surviving family or other responsible party. The donor program will provide a standard urn and permit for burial at no additional cost. Under no circumstances will un-cremated remains and/or any implanted medical devices left in the body at the time of death be returned.



10. **This information packet should be shown to your next-of-kin to make certain that the donor's wishes are clearly understood.**

11. If any kind of service is to be held, the family must, of course, pay the expenses incurred. A funeral service is one held in the presence of the body, while a memorial service is one held after the body has been removed. The University requires receipt of a body within 12 hours after death, without embalming. Hence, if a service is desired, a memorial service is the only option.

12. It is further understood that neither Loma Linda University nor its authorized representative is responsible for newspaper announcements of death, nor for the custody of any personal legal documents. However, the *Bodies for Science Program* is happy to provide confirmation of a donor's passing to any newspaper.

13. Under the Health Insurance Portability and Accountability Act (HIPAA), information in the patient's medical record is considered protected health information. Occasionally, the *Bodies for Science Program* may need to review a donor's medical records after death. In order for the *Bodies for Science Program* to request and review the donor's medical records, authorization must be given. Authorization for the release of donor medical records after death is strictly voluntary and is not required for enrollment in the Bodies for Science Program. If the donor wishes to authorize the release of medical records after death, an authorization form is provided for this purpose. If the donor does not wish to authorize the release of medical records after death, check "NO" on the form and submit the form with the application. The other application forms must still be filled out completely and submitted for acceptance.

14. Loma Linda University may need to update or revise these terms and conditions due to changed circumstances (or changes in the law). Accordingly, the University reserves the right to update or modify the terms and conditions of the *Bodies for Science Program* at any time.

Loma Linda University is a coeducational institution providing a varied and rich experience for the teaching of Arts and Sciences, Health Professions, and Allied Health. It is part of a worldwide network of hospitals and other health care units operated by the Seventh-day Adventist Church, which reaches into more than 77 countries and employs thousands of workers in caring for more than 400 million people annually.

The founders of Loma Linda University established it as a Christian institution designed to witness for God through comprehensive ministry to men and women. They had little money but a fortune in faith — faith in God, faith in His ability to bring relief and hope through the cooperation of human effort and divine power.

The University endeavors to create and provide for students an environment conducive to the integration of sound moral, ethical, and religious principles in harmony with Christian teachings, the motivation of persistent and continuing intellectual curiosity, and the diligent preparation for professional competence and purposeful living in the service of God and humanity.

After Christ — The Great Physician's example, the University in harmony with the ideals of its pioneers, has chosen as a motto, "To Make Man Whole", physically, mentally and spiritually. The University's Christian philosophy is that the human body is the Temple of God (1 Corinthians 6:19).



# Bequeath Agreement

**Effective Date:** November 27, 1946

**Last Updated:** February 08, 2024

\_\_\_\_\_  
Print Full Name

desire to donate my body after death to the School of Medicine of Loma Linda University for teaching purposes, scientific research, or for such purposes as the authorized representatives of Loma Linda University shall in their sole discretion deem necessary. As part of this desire, I direct that immediately following my death, notification shall be made to the *Bodies for Science Program*, at **(909) 558-4301**. After regular business hours and on weekends, an answering service will notify the transportation company.

I have read and agree to the Conditions of Acceptance set forth in this document.

I authorize Loma Linda University to cremate the remains at the completion of the studies and I expressly waive the provisions of California Health and Safety Code Section 7151.40 (b) that provides for the return of cremated remains to certain individuals.

I understand the *Bodies for Science Program* may not accept the remains of a donor if the body has been autopsied, is a suicide, has a communicable disease, or excessive weight according to weight/height ratios.

It is further understood that a charge of \$300.00 is made for removal within a 100-mile limit. This fee is payable by the donor to the *Bodies for Science Program*, who will make arrangements for transportation of the body. If the distance is greater than 100 miles, an additional fee will be charged.

\_\_\_\_\_  
**Signature of Donor** **Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Witness** (disinterested)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State/Zip**

\_\_\_\_\_  
**State/Zip**



# Personal Record

**Effective Date:** November 27, 1946

**Last Updated:** February 08, 2024

Please fill out **completely**. All of the information is **required** for the Death Certificate.

Donor's Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Sex \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Citizenship \_\_\_\_\_ Birth State \_\_\_\_\_  
(or country if not in U.S.)

Race: Caucasian/White Hispanic Married  
African American Asian Origin \_\_\_\_\_ Never Married  
Other \_\_\_\_\_ Please Specify Widowed  
Divorced  
SRDP\*

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Number of Year in this County \_\_\_\_\_  
(NOT Country) (NOT Country)

Telephone Number \_\_\_\_\_

Name of Donor's Spouse \_\_\_\_\_  
(or SRDP\*) (First) (Middle) (Last - Maiden if Female)

Name of Donor's Father \_\_\_\_\_ Birth State \_\_\_\_\_  
(First) (Middle) (Last) (or Country if not U.S.)

Name of Donor's Mother \_\_\_\_\_ Birth State \_\_\_\_\_  
(First) (Middle) (Maiden) (or Country if not U.S.)

Primary Occupation \_\_\_\_\_ Length of time \_\_\_\_\_  
(Please do not list "Retired") (in years)

Name of Employer \_\_\_\_\_ Type of Industry \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_ Degree \_\_\_\_\_

Veteran? Yes No Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_  
Year Year

If Yes, would you like free interment in a National Cemetery? Yes No

Service # \_\_\_\_\_

\*State Registered Domestic Partner



# Medical History

**Effective Date:** November 27, 1946

**Last Updated:** February 08, 2024

Please fill out **completely**. All of the information is **required**.

Have you ever had:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Hysterectomy    | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Alzheimer's   |
| <input type="checkbox"/> Pacemaker       | <input type="checkbox"/> MRSA         | <input type="checkbox"/> Pelvic Fracture   | <input type="checkbox"/> Dentures      |
| <input type="checkbox"/> Breast Implants | <input type="checkbox"/> Hepatitis B  | <input type="checkbox"/> Femur Fracture    | <input type="checkbox"/> Dental Bridge |
| <input type="checkbox"/> Hernia Repair   | <input type="checkbox"/> Hepatitis C  | <input type="checkbox"/> Back Injury       | <input type="checkbox"/> Diabetes      |

Have you ever had Cancer?  Yes  No

If yes, what type of Cancer? \_\_\_\_\_

Current Height \_\_\_\_\_' \_\_\_\_\_" Current Weight \_\_\_\_\_ Pounds  
Feet Inches Pounds

**Please describe any joint replacements, implants, transplants, or amputations that you have ever had:**

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**Please list a brief description of any other surgeries or illnesses that you have ever had:**

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**Primary Physician's Name:** \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Legal Next-of-Kin or Power of Attorney for Health Care:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_





# HIPAA Release

**Effective Date:** August 19, 2005

**Last Updated:** February 08, 2024

## Authorization for Disclosure of Protected Health Information

(Authorization is not required for enrollment into the *Bodies for Science Program*)

### Please check one of the following:

- YES**, the medical records may be requested/reviewed after death.
- NO**, I do not want the medical records to be requested/reviewed. (this form must still be submitted)

I hereby authorize the physician of record to release to the *Bodies for Science Program* (after death) the entire medical record or those portions thereof as determined necessary by the *Bodies for Science Program*.

I understand that the medical record may be used or disclosed to employees of the *Bodies for Science Program* and to faculty, staff and those directly involved in the furtherance of education and research.

I understand that the medical record will not be used or disclosed for purposes outside the intent and scope of the LLU *Bodies for Science Program*.

Unless I submit a request to revoke the authorization in writing, this authorization will expire after the study of the body is completed.

### Please initial all of the following:

- \_\_\_\_\_ I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the *Bodies for Science Program* and to the appropriate office providing the medical record. The revocation will take effect upon receipt. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- \_\_\_\_\_ I understand that authorization is voluntary and is not required for enrollment in the *Bodies for Science Program*.
- \_\_\_\_\_ I understand that any disclosures made within the intent and scope of the LLU *Bodies for Science Program* carries with it the potential for unauthorized re-disclosure by the recipient and the information may not be protected by federal confidentiality rules.

\_\_\_\_\_  
Print Name of Donor

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness



# Disposition Instructions

**Effective Date:** April 4, 1988

**Last Updated:** February 08, 2024

Final disposition instructions for: \_\_\_\_\_

Person with the right to control disposition\*: \_\_\_\_\_

Please Print

\*Per California Health and Safety Code 7100

Please choose one of the following 3 options:

Remains will be interred in a cemetery \_\_\_\_\_  
Name of Cemetery

Remains will be kept at a residence

Free interment in a Loma Linda University purchased community burial plot\*\*  
\*\*Once the remains have been interred by the University they are irretrievable

**I acknowledge that Loma Linda University expressly disclaims any responsibility for remains that are mailed or otherwise released from the custody of the university's *Bodies for Science Program*.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Address for disposition:**  
(Where the ashes will be kept or buried)

**Address for shipment:**  
(Continental U.S. only)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**State/Zip**

\_\_\_\_\_  
**State/Zip**

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**



The Bodies for Science Program at Loma Linda University is administered through the Division of Human Anatomy at Loma Linda University School of Medicine.

Loma Linda University School of Medicine has educated more than 13,000 physicians since 1909, more than any other medical school on the West Coast. Loma Linda University graduates in medicine, dentistry, nursing and the allied health professions strive to improve patient health through whole person care all over the world. Their education would not be possible without the Bodies for Science Program.

Contact information:

(909) 558-4301

[bodiesforscience@llu.edu](mailto:bodiesforscience@llu.edu)

[www.bodiesforscience.com](http://www.bodiesforscience.com)

Thank you for your interest in the Bodies for Science Program  
at Loma Linda University.