Next of Kin

Information Packet and Application

Bodies *for* Science

MANY STRENGTHS. ONE MISSION.

A Seventh-day Adventist Organization | **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 form

- Bequeath Agreement
- Certification of Legal Next of Kin
- 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 1, 1976 **Last Updated:** October 30, 2025

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. **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. 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. 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.

4. 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 short distances greater than 100 miles, an extra fee will be charged.

5. 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 can be refunded.

6. **Two or more years** are often required to complete the study of a body which has been bequeathed to the *Bodies for Science Program*. In order to best serve the intentions of the donation, I understand that my body may be used for the education of healthcare students at another academic institution. Following the completion of our studies, the body is cremated and the ashes are stored until such time as they are interred in an Anatomy-purchased community burial plot. Once the remains have been interred by the University, they are irretrievable.

7. If the donor or authorized representative wishes the ashes to be buried in another location, an authorization form is provided for this purpose. 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. I understand that certain organs, tissues, or other body parts may possess further educational value. The University reserves the right to retain part(s) of the donation which will not be returned with the rest of the cremated remains. Under No circumstances will un-cremated remains and/or any implanted medical devices left in the body at the time of death be returned to the donor's family or Next-of-Kin.

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

9. If any kind of service is to be held, the family must 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.

10. 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.

11. 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.

12. 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 and Healthcare Professions. It is part of a worldwide network of hospitals and other healthcare facilities 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).

A Seventh-day Adventist Institution
DIVISION OF HUMAN ANATOMY - BODIES FOR SCIENCE PROGRAM
24760 Stewart Street · Loma Linda, CA 92350 · (909) 558-4301 · *fax* (909) 558-0155

LOMA LINDA UNIVERSITY
School of Medicine

Bodies for Science Program
Online Registration

Bequeath Agreement (Next-of-Kin)

Effective Date: November 27, 1946 **Last Updated:** October 30, 2025

In accordance with the expressed wishes of: _____
Print Full Name of Donor

I, as the Legal Next-of-Kin, donate his/her body 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 his/her 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 to the *Bodies for Science Program*, who will make arrangements for transportation of the body. For short distances greater than 100 miles, an additional fee will be charged.

_____ _____
Signature of Next-of-Kin **Date**

_____
Print Name

Witnesses (both are required)

_____	_____
Signature of Witness	Signature of Witness - Disinterested
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
City	City
_____	_____
State/Zip	State/Zip

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Certification of Legal Next-of-Kin

Effective Date: March 23, 2011 **Last Updated:** October 30, 2025

I, _____, do hereby certify
(name of legal next-of-kin)

under penalty of perjury under the laws of the State of California that I am the legal next-of-kin of _____,
(name of donor)

and to the best of my knowledge, I affirm and state that no power of attorney for health care exists for the donor, or any other document that would limit my authority as the legal next-of-kin.

SIGNATURE _____ DATE _____

PRINT NAME _____

RELATIONSHIP TO DONOR _____

ADDRESS _____

_____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

WITNESS SIGNATURE _____ DATE _____

PRINT NAME _____

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Personal Record

Effective Date: November 27, 1946 **Last Updated:** October 30, 2025

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 ☐African American ☐Other _____ (Please Specify)
☐Hispanic Origin _____
☐Asian Origin _____

Specify ☐Married ☐Never Married ☐Widowed ☐Divorced ☐SRDP*
*State Registered Domestic Partner

Street Address _____

Mailing Address _____
(if different from street address)

City _____ State _____ Zip _____

County _____ (**NOT** Country) Number of Year in this County _____ (**NOT** Country)

Telephone Number _____ Email _____

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 _____ Year to _____ Year Branch _____

If Yes, would you like free interment in a National Cemetery? ☐Yes ☐No Service # _____

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

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

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

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Medical History

Effective Date: November 27, 1946 **Last Updated:** October 30, 2025

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

Have you ever had:

- ☐ Hysterectomy
- ☐ Pacemaker
- ☐ Breast Implants
- ☐ Hernia Repair
- ☐ Tuberculosis
- ☐ MRSA
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Abdominal Surgery
- ☐ Pelvic Fracture
- ☐ Femur Fracture
- ☐ Back Injury
- ☐ Alzheimer's
- ☐ Dentures
- ☐ Dental Bridge
- ☐ Diabetes

Have you ever had Cancer? ☐ Yes ☐ No

If yes, what type of Cancer? _____

Current Height _____ (Feet) ′ _____ (Inches) Current Weight _____ (Pounds)

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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 _____ Email _____

HIPAA Release

Effective Date: August 19, 2005 **Last Updated:** October 30, 2025

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.

Authorization for: _____
(Print Name of Donor)

_____ _____
Signature of Donor (or Legal Representative) Date

_____
Print Name

Relationship to Donor: (check only one)
☐ Self
☐ Legal Next of Kin
☐ Power of Attorney for Health Care

_____ _____
Signature of Witness Date

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Disposition Instructions

Effective Date: April 4, 1988 **Last Updated:** October 30, 2025

Final disposition instructions for: _____
Name of Donor

Person with the right to control disposition*: _____

*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

Both addresses are required if you chose cemetery or residence
(leave both blank if you chose free interment)

Address for burial permit:
(Where the ashes will be kept or buried)

_____
Address

_____
City

_____
County

_____
State/Zip

_____
Contact Person

_____
Phone Number

Address for shipment:
(U.S. only)

_____
Address

_____
City

_____
County

_____
State/Zip

_____
Contact Person

_____
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

www.bodiesforscience.com

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