Physical Therapy
STAR Campus
540 S. College Avenue
Newark, DE 19713
Phone: 302-831-4809
Fax: 302-831-4234

ANATOMICAL GIFT DONOR FORM

With my signature below, I acknowledge my support to the Anatomical Gift Program in the Department of Physical Therapy at the University of Delaware. It is my intent that at the time of my death, my remains will be donated to the Anatomical Gift Program to be used for anatomical education by students at the University of Delaware. I fully understand the nature of the education related to my anatomical gift, and consent to all necessary, standard, and accepted procedures to conduct said activities.

DONOR INFORMATION:

_____
Full name (please print)

_____
Date of birth

_____
Street address

_____
City, State and Zip Code

_____
Phone

_____
Email address

_____
Signature Date

NEXT OF KIN:

_____
Full name (please print)

_____
Relation to donor

_____
Street address

_____
City, State and Zip Code

_____
Phone

_____
Email address

_____
Signature Date

Funeral Home you have chosen (Name, Address, and Phone Number):

_____
If no Funeral Home preference is indicated, Chandler Funeral Homes will be used.

☐ I certify that by signing this document I do not have an extremity amputation or any infectious diseases such as HIV, Hepatitis, Herpes, Prion Disease, Tuberculosis, etc.

Upon completion of the anatomical education, all remains will be cremated. Would you like the cremated remains to be returned to the family?

Yes_____ No_____

Please return form to: University of Delaware-Department of Physical Therapy, Attn: Anatomical Donor Program, STAR Health Sciences Complex, 540 S. College Avenue, Suite 210, Newark, DE 19713