





***Instructions:***

1. This individual has made a very special and precious life-giving decision. Please notify the Medical Education & Research Institute (MERI) immediately upon death so that proper care may be provided for the donor.
2. Please note that the Medical Education & Research Institute accepts no responsibility for any anatomical gift until signed and witnessed donor forms have been received.
3. In cases where an individual other than the donor is authorizing the donation, the state Uniform Anatomical Gift Act provides which individuals may make the gift, in the order specified. Please check with Genesis in order to determine who the correct authorizing party is for your state.
4. This form bearing the original signature of the donor or authorizing party, and witnesses, must be sent or delivered to the Medical Education & Research Institute, 44 South Cleveland, Memphis, TN 38104.
5. Copies of this form will be retained by the MERI, and should be retained by the firm or official directing the donation, relatives of the deceased, and if necessary, filed in appropriate state or county offices.
6. Please note that the Medical Education & Research Institute and Genesis anatomical donor program are the same institution.
7. Please note that MERI may not be able to accept every willing donor, and may decline to accept a donor who does not meet the requirements for anatomical donations at the time of the donation.

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\*Regular business hours for the Medical Education & Research Institute and the Genesis Donor Program are from 8:30 a.m. to 5 p.m. central time, Monday through Friday. There is someone on call 24 hours a day, seven days a week, after hours, on weekends and holidays to receive telephone calls at (901) 278-7841 or toll-free at 1-877-288-4483 (GIVE).





**Medical Education & Research Institute  
Genesis Donor Program  
Donor Vital Statistics Information\***

Completing this form will help the Medical Education & Research Institute make certain that all information is on hand to complete your gift donation and prepare essential legal documents after death. This information will be disclosed only as necessary to facilitate your donation, and as permitted or required by state law.

Full Legal Name:

\_\_\_\_\_  
First Middle Maiden Last

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

Donor's Age \_\_\_\_\_

Donor's Permanent Address:

\_\_\_\_\_  
Street City State Zip County  
(Please notify us with any change of address)

Within city limits? \_\_\_\_\_ Number of years you have resided at this residence? \_\_\_\_\_

Donor's Home Phone w/area code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State County

Are you a U.S. Citizen? \_\_\_\_\_

Have you ever served in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of surviving spouse \_\_\_\_\_  
(Married, Never Married, Widowed, Divorced) (If wife, give **Maiden** Last Name)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Give type of work during most of your life, **DO NOT** use retired)

Race – African-American, American Indian, Asian, Caucasian, Hispanic, etc. (please specify)  
\_\_\_\_\_

If of Hispanic origin, please specify Cuban, Mexican, Puerto Rican, etc: \_\_\_\_\_

Education – Please specify only the HIGHEST grade completed.

Elementary/Secondary (0-12): \_\_\_\_\_ College (1-4 or 5+) \_\_\_\_\_



Donor's Father's Name:

\_\_\_\_\_  
First Middle Last

Donor's Mother's Name:

\_\_\_\_\_  
First Middle MAIDEN

List name and current address of Donor's Authorizing Party (see instructions for your state) or Next-of-Kin:

Name: \_\_\_\_\_ Relationship to Donor \_\_\_\_\_

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

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

Daytime Phone w/area code \_\_\_\_\_ Evening Phone w/area code \_\_\_\_\_

Should donor's ashes be returned to family or other individual(s)? Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate the person who is to receive the ashes:

Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Daytime Phone w/area code \_\_\_\_\_ Evening Phone w/area code \_\_\_\_\_

If ashes are NOT to be returned to the family or other individual(s), the donor's ashes will be placed in a mausoleum in Memphis, TN.

***To be completed by the donor's Authorizing Party, MERI staff, or other appropriate individual(s) at the donor's time of death:***

Suspected Cause of Death: \_\_\_\_\_  
\_\_\_\_\_

Donor's Date of Death: \_\_\_\_\_ Donor's Age at time of Death: \_\_\_\_\_

If applicable, name and location of hospital, etc.)

Place of Death: \_\_\_\_\_ County of place of Death: \_\_\_\_\_



**Medical Education & Research Institute  
Genesis Donor Program  
Medical History Form**

I, \_\_\_\_\_ (or the Authorizing Party of)

\_\_\_\_\_ do hereby give my  
(Type or print full name of Donor—First, Middle, Maiden, Last)

written permission to release my/the donor's medical records on file at the time of death to the Medical Education & Research Institute (MERI), 44 South Cleveland, Memphis, TN, or to its designee, for the purpose of education and research for the advancement of all medical, dental, or any health science field or therapy.

The MERI cannot accept anatomical donors with hepatitis B or C, HIV, active syphilis, or active tuberculosis, or certain other medical conditions, depending on the review of the Medical Director. In order to provide the most authentic training experience possible, the MERI cannot accept donors who have been embalmed. The MERI is also unable to accept persons who are excessively obese (to be determined on an individual height and weight basis) and children under the age of 18 years of age.

The following questions are to be answered about the Donor:

As an anatomical donor to the MERI, the following are the donor's/my most recent surgeries, medications, transfusions (year transfused if any) and diagnoses that I have knowledge of to the present day.

Past Surgeries / Illnesses:

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Current Medication(s):

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Have you ever had a hepatitis vaccine? \_\_\_\_\_

Blood transfusion? \_\_\_\_\_

Height? \_\_\_\_\_ Weight? \_\_\_\_\_



Do you smoke? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Quit? \_\_\_\_\_ When? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_? If yes, how long? \_\_\_\_\_

Quit? \_\_\_\_\_ When? \_\_\_\_\_

Please provide the name(s), address(es) and phone number(s) of any physician(s) who can provide information about the your medical history:

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Donor / Authorizing Party Signature:

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Donor / Authorizing Party Address:

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**Medical Education & Research Institute  
Genesis Donor Program  
Special Projects Gift Consent**

Anatomic gifts to the MERI are used for the advancement of clinical research and hands on medical training. MERI’s Academic Review Board reviews each curriculum to determine its appropriateness for our anatomic donors. From time to time, a request is made to approve the involvement of MERI anatomic donors in special courses and research projects which will lead to improved knowledge, discovery or care in the fields of battlefield medicine, forensic pathology, crime scene investigation, fire investigation, accident safety and other vital scientific endeavors. Only anatomic donors who have an additional special projects gift consent on file will be considered for these special projects. Because the donor’s body will be subjected to more extreme conditions that are likely to result in damage and destruction of all or a large part of the body, and are different in nature, extent and duration from the majority of educational and research uses, donor participation in these projects is voluntary and requires a separate detailed authorization.

One example of such a special project is the Fire Investigation course that is used for educating Fire & Arson investigators, Sheriff’s Officers, Police, Prosecutors, Emergency Responders, Coroners, Medical Examiners, and Death Investigators. The courses educates professionals how to properly investigate fire fatalities and helps them determine whether or not the death is a result of a crime or an accident. The training exercises recreate a fire scene (vehicle/house) so that investigators can accurately identify the true cause of death in what survives of the body to reveal vital information if a crime has been committed and give clues to what really happened to the victim(s) hopefully leading to justice and the perpetrator and allowing further such crimes and fatalities to be prevented.

These highly specialized courses involve purposeful damage and partial or complete destruction of the body. But without this type of donation, it would be difficult for this knowledge to be taught and new discoveries to be made. Any donor remains would be cremated and returned to the family or interred as requested by the donor/authorizing party. If you give permission for your body to be used for the advancement of scientific endeavors such as fire investigation, battlefield medicine, forensic pathology, or crime investigation please include your signature and date on this form. Thank you for considering this special project participation opportunity.

Your signature below authorizes the use of donor’s body in a Special Project, including but not limited to the project described above.

\_\_\_\_\_ Date

Donor or Authorizing Party Signature

Please print or type the name of Authorizing Party \_\_\_\_\_



**Medical Education & Research Institute  
Genesis Donor Program  
Frequently Asked Questions**

*This information is provided in hopes of answering any questions you may have concerning the precious gift you have made to the Medical Education & Research Institute's (MERI) Genesis Donor Program. If you have a question that is not answered here, please don't hesitate to give us a call and we will be happy to answer it for you.*

**1. Can a person be an organ donor and a Genesis Donor?**

Yes, you can sign the back of your driver's license, or any other Advance Directive document to be an organ donor and complete our forms to be a Genesis donor as well. Life-saving organ donation will take priority over your gift to MERI, but MERI will attempt to accept your gift post-organ recovery. In some circumstances, we may also accept your gift if you have donated your tissues for transplant.

**2. How soon after death should the MERI be contacted?**

Immediately. It is imperative that the MERI be notified as soon as possible so that proper care may be given to your loved one.

There is someone on call 24 hours a day, seven days a week, after hours, on weekends and holidays to receive telephone calls at (901) 278-7841 or toll-free at 1-877-288-4483 (GIVE).

**3. Who is responsible for transporting the Donor to the MERI?**

Upon notification of your loved one's death, arrangements will be made by the MERI for the transportation and care of your loved one.

**4. How and when will I receive the death certificates?**

The MERI will file and pay for up to 6 death certificates. We will forward them to you as soon as we receive them. It generally takes between four to six weeks for the MERI to receive the death certificates due to the fact that we may be filing from a different state from where the death occurred. The issuance of a death certificate is dependent upon many factors and individuals including the signing physician, county officials, hospitals and the county health department from where the death occurred.

**5. What happens when the studies on the Donor have been completed?**

A Donor's completion in the Genesis Legacy of Life Program usually takes six months to one year. The Donor is then cremated at no cost to the family. The MERI makes all the arrangements for the cremation.

**6. Is it possible to have the Donor's ashes returned to the family?**

Absolutely. At the time of death of the Donor, the family should request to have the Donor's ashes returned to them. The return of the Donor's ashes is sometimes partial, as some of the recovered gift may have been depleted by the education and research itself. The Donor's ashes may also be interred at a mausoleum in Memphis, TN.

*The Medical Education & Research Institute and its Genesis Donor Program would like to extend our utmost appreciation for the most precious gift you have given us. Without our gift donors the vital medical education and research conducted at the MERI would not be possible. We are extremely grateful for this enduring gift and legacy of life. Thank you and bless you.*