



Science at the heart of medicine

Department of Anatomy and
Structural Biology

Vincent L. Ruggiero III

Supervisor
Anatomical Donation program

Jack & Pearl Resnick Campus
1300 Morris Park Ave., Rm (627N-Forch)
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Thank you for your inquiry indicating your interest in donating your body to the Albert Einstein College of Medicine. Enclosed are three intent forms, an application for cremation and a questionnaire, which are to be completed by you or your next of kin. One copy of the intent forms is to be kept for your records, one copy is to be given to next of kin, attorney, or physician and one copy, along with the cremation application, which is to be signed by the next of kin, and questionnaire are to be returned to us immediately for our files.

If you have a will or are planning to have one, then in addition to filling out the enclosed forms, the following provision should be included in the will or in a codicil made to the will:

"I hereby direct that after my death, my body shall be delivered to the Albert Einstein College of Medicine for purposes of medical study or research. I further direct that my body will be delivered to said Medical School as soon as possible after my death without autopsy or embalming".

If the donor expires on a weekend or after our mortuary is closed for the day, the deceased should be kept in the hospital morgue or transported to the nearest funeral home or morgue, without autopsy or embalming, until the Albert Einstein College of Medicine can make arrangements for transportation. **The Albert Einstein College of Medicine has the right to decline acceptance of the body if it is not suitable for use in medical education or research, therefore it would be wise to have an alternate plan in the event we are unable to accept the donation.** The Albert Einstein College of Medicine will pay for transporting the body within a ten-mile radius of the borough of the Bronx.

It should be understood that the donated body would have to remain at the Albert Einstein College of Medicine for a minimum of one year to two years. The enclosed cards should be filled out by you and should be carried with you at all times.

We do appreciate your interest in the Albert Einstein College of Medicine, and your desire to contribute in this important way to medical science. If you have any further questions, please do not hesitate to call on us.

Sincerely,

Vincent L. Ruggiero III
Supervisor

Graduate Student Scholarship and Research Fund
Department of Anatomy and Structural Biology
Albert Einstein College of Medicine

Since you belong to a group of highly concerned public-spirited citizens who are considering willing their bodies to the Department of Anatomy and Structural Biology of the Albert Einstein College of Medicine, you may be interested to learn of other ways to contribute to medical education and research. One form of assistance that is highly appreciated is a tax deductible donation or bequest to the Department of Anatomy and Structural Biology, either unrestricted or directed specifically towards the support of biomedical research. Another possibility, which is appealing both in terms of the immediate good achieved and of the long-range contribution to health care, is to contribute to scholarship aid or research support for graduate students.

Each year young men and women who have demonstrated high intellectual achievement in college science courses are selected for advanced training in research in our graduate program in biomedical science. Upon acceptance into our program the student takes additional advanced course work and conducts original research leading to Ph.D. degree. In our department, graduate students do research pertaining to respiratory disease, infertility, hormones and their secretion, vision and other sensory phenomena, basic cell and tissue response to drugs, and to a variety of other structural or functional problems relating to human health. Much of future biomedical research and education results with such students.

Our Ph.D. program takes about five years, during which period full time must be devoted to advanced study and laboratory work. Federal and university grants for graduate study are very limited and commercial loan programs for medical students are not available to graduate students. Thus, many students must make financial and personal sacrifices to complete their education. One serious consequence for the future of the country and for biomedical research is that many of the most talented students are attracted to other fields which appear more lucrative.

To assist our graduate students, and to help attract to Albert Einstein College of Medicine and to science the most promising Ph.D. students, a Graduate Student Scholarship and Research Fund has been established within our department. Since the fund is perpetuating, any size gift is valuable. If a gift is substantial enough to support a full scholarship, a specific designation of that scholarship in the name of the benefactor can be arranged.

If you are or become interested in making such a gift, please use the following address:

Department of Anatomy and Structural Biology
Graduate Student Scholarship and Research Fund
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, New York 10461

Checks should be made payable to the Department of Anatomy and Structural Biology/AECOM to insure their tax deductibility.

I hereby direct that my body be delivered, after my death, to the Albert Einstein College of Medicine of Yeshiva University, Eastchester Road and Morris Park Avenue, Borough of the Bronx, City and State of New York, for purposes of medical study and research; that such delivery be made as soon as possible after death, WITHOUT AUTOPSY OR EMBALMING.

It is also understood that the donated body will have to remain at said medical college for a minimum of one year.

Donor Signature: _____

Donor Address: _____

Witness #1: _____

Witness #2: _____

Date: _____

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Please fill in and sign **ONE** of the following:

OPTION NO. 1

After the Albert Einstein College of Medicine has completed its research, please notify (next of kin):

NAME: _____

ADDRESS: _____

TELEPHONE: _____

so that these remains may be removed for private burial or cremation, this cost to be borne by my estate.

Date: _____ Signature: _____

(Donor)

OPTION NO. 2

I hereby direct that my remains, after being used for scientific research at the Albert Einstein College of Medicine, be cremated by said college at no cost to the family. The college will arrange to have the remains cremated; however the cremated remains must be returned to the family.

Date: _____ Signature: _____

(Donor)

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Date: _____ Signature: _____

(Donor)

To the Office of Vital Records, Department of Health and Mental Hygiene, The City of New York

State of New York

COUNTY OF} ss.:

..... being duly sworn

deposes and says that he*/she* resides at

and desires that a permit be issued by the Department of Health and Mental Hygiene of the City of

New York for the cremation of the body of.....

who died at on

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased did*/did not* express during life the desire to have

his*/her* remains cremated and his*/her* relationship to deceased is

Deponent assumes all responsibility for the cremation of the remains and authorizes

..... a licensed funeral

director, to make arrangements for said disposal.

Subscribed and sworn to before me this

..... day of

(dd) (month) (year-yyyy)

Signature

Notary Public-Commissioner of Deeds* *Cross out words that do not apply.



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Science at the heart of medicine

**DEPARTMENT OF
ANATOMY & STRUCTURAL BIOLOGY**

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS (circle one): SINGLE MARRIED WIDOWED DIVORCED

IF MARRIED, WIFE'S FULL AND MAIDEN NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (city and state or country): _____

SERVED IN U.S. ARMED FORCES: YES NO (If YES) YEARS: FROM _____ TO _____

EDUCATION (enter number) 0-11 _____ 12 _____ 13-15 _____ 16 _____ 17+ _____

OCCUPATION: (PRIOR TO RETIREMENT): _____

KIND OF BUSINESS OR INDUSTRY: _____

NAME AND LOCALITY OF COMPANY: _____

MOTHER'S FIRST AND MAIDEN NAME: _____

FATHER'S FULL NAME: _____

NEXT OF KIN: _____ RELATION TO DECEASED: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

OTHER FAMILY MEMBER(S): _____

NURSING HOME (If Applicable): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

REMARKS OR MEDICAL HISTORY: _____

NUMBER OF CERTIFIED COPIES OF DEATH CERTIFICATE REQUESTED (if any): _____



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**DEPARTMENT OF
ANATOMY & STRUCTURAL BIOLOGY**

The following is a list of protocols followed in determining if a deceased is acceptable for donation. The following conditions would **prevent** the department from accepting the donation:

- An autopsy has been performed
- Recent extensive surgery was performed
- Decomposition has begun
- Embalming has been done by a funeral home
- Death was caused by certain infectious diseases (in particular: AIDS, infectious hepatitis, Tuberculosis, Kreutzfeldt-Jacob Disease, advanced cancer and others at the discretion of the Department)
- There has been extreme trauma or mutilation
- There are severe burns with extreme tissue damage
- Extreme obesity or emaciation
- Any amputation or a fetal condition
- Gangrene, Jaundice or septicemia

If you have any question as to whether or not your donation would be acceptable, please contact us. Remember, it is a wise idea to have an alternate plan in the event that we are unable to accept the donation.