



## Anatomical Donor Agreement

Thank you for your interest in the Rosalind Franklin University of Medicine and Science (RFU) body donor program. RFU is a graduate health sciences university committed to serving the population through the interprofessional education of health and biomedical professionals and the discovery of knowledge dedicated to improving wellness. The university embodies the spirit of inquiry and excellence modeled by its namesake, Dr. Rosalind Franklin, whose Photo 51 was crucial in solving the structure of DNA.

Today, the university's six colleges continue Dr. Franklin's legacy through rigorous academics, pioneering research, and innovative community service. Our unique interprofessional education model allows students to learn with and from each other in a variety of settings, including our human anatomy and simulation labs, the student-led interprofessional Community Clinic, and through partnerships with area hospitals and clinics. RFU is a national leader in interprofessional research and practices, and is nationally recognized for its research in areas including neuroscience, brain-related diseases, inherited disorders, proteomics, cancer cell biology and immunology, cardiac resuscitation, and gait and balance.

*Being of sound mind and of legal age, 18 years of age or over, it is my desire to donate my whole body for the advancement of educational training and research. Thus, upon my death, I direct that my body, if acceptable and needed for anatomical studies and medical research, be delivered to Rosalind Franklin University of Medicine and Science.*

\_\_\_\_\_  
Printed Name of Donor

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

*If applicable*

**Please select one option below to determine final disposition:**

- Return Ashes: Cremation will be carried out upon completion of the medical study or research project, which may take up to 16 months.

- Mailing address for return of remains:

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- No Ashes: Ashes will NOT be returned.
- Perpetual Donation: Part or all of my body will be permanently preserved for education purposes. Part or all of my remains may be cremated and NOT returned.

**Instruction at Time of Death:**

Notify Aero Removal Trisons Crematory Service (630-932-0003) for issuance of Medical Certificate of Death of donor and for transportation of donor to the Anatomical Donor program at Rosalind Franklin University of Medicine and Science.

**To be completed by the witnesses:**

Signed in our presence and we hereby subscribe our name as witnesses

**First Witness**

\_\_\_\_\_  
Name (printed) Relationship to Donor

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Signature Date

**Second Witness**

\_\_\_\_\_  
Name (printed) Relationship to Donor

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Signature Date

**Next of Kin or Executor**

\_\_\_\_\_  
Name (printed) Relationship to Donor

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Signature Date

Please email the completed form to [adam.jansen@rosalindfranklin.edu](mailto:adam.jansen@rosalindfranklin.edu) or mail to:

Adam Jansen

Rosalind Franklin University

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