LSU Health SHREVEPORT

DEPARTMENT OF CELLULAR BIOLOGY AND ANATOMY DONATION AGREEMENT

I hereby donate my body, after death, to LSU Health Shreveport or to one of its member institutions.

Thirty (30) days after receipt of your completed agreement by LSU Health Shreveport, you will become an active donor and a yellow donor card will be mailed to you to carry in your wallet. BODY DONATIONS WILL NOT BE ACCEPTED PRIOR TO THE THIRTY (30) DAY WAITING PERIOD. If all donor qualifications (included in the donor information that you received) are not met at the time of death, you will not be accepted into the program. The Anatomical Board also reserves the right to refuse your remains in instances where tissues have been damaged or destroyed.

Mr.
Mrs.
Miss _____ _____ _____
Print Legal Name | Social Security Number | Date of Birth

_____ _____
Street Address | City | State | Zip | Phone

_____ _____ _____
Your Signature | Witness #1 | Witness #2

I do ☐ I do not ☐ wish my cremains to be returned. Give name(s) of individual or funeral home to contact for returning cremains:

_____ _____
Name | Phone

_____
Street Address | City | State | Zip

ADDITIONAL DATA:

_____ Citizen of U.S.: Y☐ N☐ Veteran: Y☐ N☐
Birthplace: City | State

_____ _____ _____
Usual Occupation | Kind of Business | Race

Education: Specify last grade completed 0-12; **College 1-4 or 5+**
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5+

Sex: Male ☐ Female ☐

Marital Status: Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

_____
Spouse's Name (if wife give maiden name)

_____ _____
Father's Name — last, first, middle | Father's place of birth

_____ _____
Mother's Name — maiden, first, middle | Mother's place of birth

MAIL TOP COPY TO:

LSU Health Shreveport
Department of Cellular Biology and Anatomy
P.O. Box 33932
Shreveport, LA 71130-3932
Attn: Allean McGowan Pratt, Director of Anatomical Services

——— PLEASE KEEP BOTTOM COPY FOR YOUR RECORDS ———