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 _____ Relationship _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

ADDITIONAL DATA:

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

Usual Occupation _____ Kind of Business _____ Race _____

Education: Specify last grade completed 0-12;

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

College 1-4 or 5+

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 ———

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