NORTHERN MICHIGAN UNIVERSITY
FORENSIC RESEARCH OUTDOOR STATION

NMU FROST Body Donation
1401 Presque Isle Avenue
Marquette, MI 49855
Phone : (906) 362-2307
Fax : (906) 227-1212
E-mail : frost@nmu.edu

8-29-18

FROST SELF-DONATION POLICY ACKNOWLEDGEMENTS

My initials next to the following statements indicate my acknowledgement of FROST policies pertaining to my donation.

_____ I am aware that the donation of my body to NMU FROST is a forever donation and my remains will not be cremated or returned to my family or any other recipient.

_____ I understand that NMU FROST will pay for the transportation of my body to the facility from an acceptable location within a 200-mile driving distance of Northern Michigan University (located at 1401 Presque Isle Avenue, Marquette, MI 49855). If my body is located outside of a 200-mile driving distance of NMU FROST at the time of my death, I acknowledge that my estate or next-of-kin will assume responsibility for all arrangements and costs associated with transporting my body to an acceptable location within the 200-mile driving distance of NMU FROST.

_____ I understand that NMU FROST staff cannot transport my body from my location of death if that location is a private residence. I acknowledge that my estate or next-of-kin will assume responsibility for all arrangements and costs associated with transporting my body to an acceptable location within the 200-mile driving distance of NMU FROST if my location of death is a private residence.

_____ I understand that an acceptable location is a medical facility (hospital, hospice, other 24-hour care facility), forensic center or funeral home.

_____ I understand that NMU FROST reserves the right to decline donations and that no guarantee exists that my body will be accepted by NMU FROST at the time of my death. I understand that NMU FROST cannot accept embalmed bodies or bodies weighing over 350 pounds. I understand that if NMU FROST is unable to use my body and declines the donation, my next-of-kin must make other arrangements for the final disposition of my body and NMU FROST is not responsible for any costs associated with other necessary arrangements.

_____ I understand that if my body weighs in excess of 350 pounds or that if I have jaundice or a contagious disease (e.g., HIV/AIDS, tuberculosis, hepatitis, antibiotic resistant infections such as MRSA, etc.), my body may not be acceptable for use at NMU FROST. To aid in this determination, I authorize healthcare providers to release my health information at the time of my death to NMU FROST.

_____ I understand that if my body either exceeds the maximum weight limit of 350 pounds or has a communicable disease or infection, NMU FROST can accept the donation of my body following cremation. I understand that my family/next-of-kin/estate is responsible for arrangements and costs associated with cremation of my body prior to donation and that NMU FROST cannot accept cremated remains that have been pulverized.

_____ I understand that NMU FROST may be unable to pick up my body immediately. In this case, I understand that it is the responsibility of my family/next-of-kin/estate to arrange for pickup and storage at a funeral home/transport service within a 200-mile driving distance of Marquette, MI, until NMU FROST is available.

_____ I understand that NMU FROST does not perform autopsies to determine cause of death on donations to their program. In Michigan, the medical examiner for the county in which the death occurs must determine whether or not an autopsy is needed before the donation is released to NMU FROST and must approve of the transportation of a decedent outside of the county of death prior to transport.

_____ I understand that the initial review and notification of acceptance or denial of my donation to NMU FROST may take place via e-mail or fax and that if my donation is accepted, I must complete and return the original paperwork to NMU FROST via U.S. mail as soon as possible.

_____ At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for educational and scientific purposes and its subsequent disposition, neither the State of Michigan, nor Northern Michigan University Forensic Research Outdoor Station shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the Forensic Research Outdoor Station, or those involved in research or education associated with the aforementioned facilities.

I have read, understand, and agree to the above policies regarding the donation of a decedent's remains to the Northern Michigan University Forensic Research Outdoor Station.

______________________________	______________	______________________________
Donor's Signature	Date	Donor's Full Name (print)

I (we) acknowledge that I (we) understand the above policies and agree to adhere to my (our) responsibilities regarding the donor's decision to donate his/her body after death to NMU FROST. Please add additional necessary next-of-kin signature(s) and contact information on the back of this form.

Number of surviving next-of-kin: __________

______________________________	__________	______________________________	__________
Next-of-Kin 1 Signature	Date	Next-of-Kin 2 Signature	Date
Next-of-Kin 1 Full Name (print)		Next-of-Kin 2 Full Name (print)	
Next-of-Kin 1 Street Address		Next-of-Kin 2 Street Address	
Next-of-Kin City, State, Zip		Next-of-Kin 2 City, State, Zip	

This FROST *Self-Donation Policy Acknowledgement* form was signed by the donor and donor's next-of-kin, all of whom appear to be of sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of each other sign this document.

______________________________	__________	______________________________	__________
Witness 1 Signature	Date	Witness 2 Signature	Date
Witness 1 Full Name (print)		Witness 2 Full Name (print)	
Witness 1 Street Address		Witness 2 Street Address	
Witness 1 City, State, Zip		Witness 2 City, State, Zip	

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FROST SELF-DONATION QUESTIONNAIRE

All of the information on this form is confidential. Please complete the following information by filling in the blanks and/or checking an option. If you need more space in any of the sections, additional sheets may be attached. For assistance with completing this form, please feel free to contact the NMU FROST Body Donation Program at (906) 362-2307 or e-mail frost@nmu.edu.

Research and teaching at FROST extend beyond the information included on this form. Photographs of our donors will aid in training forensic artists, and health records (treatment charts, medical and/or dental X-rays, photographs) will aid other scientists in the development or improvement of methods. Please consider donating photographs of yourself at different times during life, from childhood until very recently, and any/all health-related records and images that may be available.

Donor Identification

Last Name	First Name	Middle Name	Maiden

Biological Sex: ☐ Female ☐ Male

Gender: ☐ Female ☐ Male ☐ Other

Race/Ancestry: ☐ African ☐ Asian ☐ European ☐ Other
Race/Ancestry: ____________________

Date of Birth	Place of Birth (City, County, State, Country)	SSN
		___-___-_____

Current Address	City	State	Zip Code	Within City Limits? Yes No Unsure

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

Spouse/Partner Identification

Last Name	First Name	Middle Name	Maiden

Your Spouse/Partner is: ☐ Living ☐ Deceased ☐ Unsure

Family Information

Mother's Last Name	Mother's First Name	Mother's Middle Name	Mother's Maiden
Father's Last Name	**Father's First Name**	**Father's Middle Name**	**Parental Relationship:** ☐ Biological ☐ Adoptive

Education

Highest Level of Education

☐ 8th grade or less ☐ 9-12th grade, no diploma ☐ High school graduate or GED ☐ Some college ☐ Certificate/License

☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/Professional ☐ Unsure

Occupation

Employment Status

☐ Employed ☐ Unemployed ☐ Retired ☐ Disability ☐ Unsure

Employer (or most recent employer)	Occupation	Years	Repeated Activity?

Service

Were you ever a Peace Officer in the state of Michigan? ☐ Yes ☐ No ☐ Unsure	Agency		Years
Did you ever serve in the military? ☐ Yes ☐ No ☐ Unsure	Branch	(Function)	Years

Please continue to the next page.

Physical Characteristics

Height:	Weight:	Are you estimating? Yes No	Shoe Size	Blood Type

Eye Color
☐ Brown ☐ Blue ☐ Green ☐ Grey ☐ Hazel ☐ Other ____________

Has your weight changed recently? ☐ Yes ☐ No ☐ Unsure	If you are obese, for how long?

Socioeconomic Status (please estimate to the best of your ability)

Childhood:
☐ Low ☐ Lower-Middle ☐ Middle ☐ Upper-Middle ☐ Upper

Adulthood:
☐ Low ☐ Lower-Middle ☐ Middle ☐ Upper-Middle ☐ Upper

Geographic History (to the best of your knowledge or recollection, please indicate where you have lived)

City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________
City/State	From (Date): ____________ Until (Date): ____________

Dental History (please indicate the approximate year or age for each)

Braces?	Bridge?	Upper Denture?	Lower Denture?
____________	____________	____________	____________

Dental Trauma?

Please describe your dental history in greater detail, including gum disease, restorations, and any other information you believe is pertinent.

Please continue to the next page.

Medical History (please indicate type/location and approximate year or age for each)

Medical History
General Surgery:
Cosmetic Surgery:
Fractures:
Auto Accident (causing injury):
Cancer:
Spinal Injuries:
Open Heart Surgery:
Amputations:
Joint Replacements:
Prosthetics:

Diabetes: ☐ Yes ☐ No If yes: ☐ Type I ☐ Type II Years? _______________ Insulin Dependent: ☐ Yes ☐ No

Have you ever been diagnosed with (please check all that apply)?
☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Tuberculosis ☐ Brucellosis ☐ HIV/AIDS ☐ Plague

Alcohol Use: ☐ Never ☐ Past ☐ Current ☐ Unsure Please Describe: ______________________________ Years? _________
Average number of drinks per week: ☐ 0-1 ☐ 2-7 ☐ 7-20 ☐ more than 20

Tobacco Use: ☐ Never ☐ Past ☐ Current ☐ Unsure Type: ☐ Cigarettes ☐ Cigars ☐ Chewing Tobacco ☐ Other
Number/Amount per day: ____________________ If Other, please describe: ______________________________

Illicit Drug Use: ☐ Never ☐ Past ☐ Current ☐ Unsure Please Describe: ______________________________ Years? _________
Number/Amount per day: ____________________ If past, please indicate when the illicit drug use ceased: _________________

Please provide additional information about your medical history that you believe may be helpful. Please include a list of prescribed medications and the length of time you have been taking them.

Please list any habitual/repetitive activities (e.g., typing, playing tennis, kneeling, bending, etc.):

Female Donors Only

Number of pregnancies:	Number of births:	Hysterectomy? ☐ Yes ☐ No Year: ________	Cesarean? ☐ Yes ☐ No Year(s): __________

Tattoos and Piercings

Tattoos? ☐ Yes ☐ No	Please describe and indicate the location of any tattoos and the approximate years in which they were done.
Body Piercings? ☐ Yes ☐ No	Please describe and indicate the location of any body piercings.

Please continue to the next page.

RESEARCH/DONATION AUTHORIZATION

Photographs (Please check one)

- ☐ I DO NOT wish to donate personal photographs of myself during life to be used for educational and research purposes.
- ☐ I wish to donate personal photographs of myself during life to be used for educational and research purposes.

Education and Research Involving Injury or Trauma (Please check one)

- ☐ I DO NOT authorize NMU FROST to use my body for education and research involving injury/trauma.
- ☐ I authorize NMU FROST to use the donation of my body for education and research involving injury/trauma.

Donor Use by Other Institutions (Please check one)

- ☐ I DO NOT authorize NMU FROST to transfer my body to another institution for education and/or research purposes.
- ☐ I authorize my body to be used for education and research at NMU FROST or to be transferred to another institution/corporation for research and/or education purposes.

Brain Donation to Upper Michigan Brain Tumor Center (Please check one)

- ☐ I DO NOT choose to donate my brain to the Upper Michigan Brain Tumor Center for the advancement of brain tumor and cancer research.
- ☐ I choose to donate my brain to the Upper Michigan Brain Tumor Center for the advancement of brain tumor and cancer research.

NMU Affiliation (please check one)

- ☐ I have no affiliation with NMU.
- ☐ I consider myself an NMU Wildcat.

Special Requests and Considerations

Please indicate any special requests you have regarding research you would either like to be part of or would specifically like us to avoid. We will do our best to accommodate your request, but we cannot make any guarantees.

The information provided in this document is complete and correct to the best of my knowledge.

Donor Signature	Date	Donor Full Name (print)
Donor Street Address		Donor Phone Number
Donor City, State, Zip		Donor Alternate Phone Number or E-mail

This FROST *Self-Donation Questionnaire* was signed by the donor, who appears to be of a sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of each other sign this document.

Witness 1 Signature	Date	Witness 2 Signature	Date
Witness 1 Full Name (print)		Witness 2 Full Name (print)	
Witness 1 Street Address		Witness 2 Street Address	
Witness 1 City, State, Zip		Witness 2 City, State, Zip	
Witness 1 Phone Number		Witness 2 Phone Number	

Thank you for taking the time to complete this questionnaire.

Please print, complete, sign, and distribute one copy of this form to each:

Original: NMU FROST (Donee)
Copies: Decedent's next-of-kin | Physician/Attorney/Relative or Friend | Funeral Director

The original copy of this document may be sent to:
Dr. Jane Wankmiller
Director, Forensic Research Outdoor Station
Department of Sociology & Anthropology
Northern Michigan University
1401 Presque Isle Avenue
Marquette, MI 49855

Upon the death of a donor, immediately call (906) 362-2307. This number is in operation 24 hours.
The potential donor will be evaluated and arrangements made for transport, after the donation is approved.

Please consider designating the NMU Forensic Research Outdoor Station for charitable donations in memory of your loved one. Giving a contribution in honor of a body donation provides an opportunity to celebrate a loved one as well as support our mission to advance scientific research and education. For more information about the research we conduct at FROST, please visit our website at: www.nmu.edu/frost.

OFFICE USE ONLY	
Location of Death ☐ Residence ☐ Hospital ☐ Hospice ☐ Other	
Date of Death (MM/DD/YYYY)	Time of Death (Military)
Location of Death: Address (Street, Apt./Unit, City, State, Zip)	
Pronounced by:	
Date (MM/DD/YYYY)	Time (Military)
Verified by:	
Date (MM/DD/YYYY)	Time (Military)