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**ANATOMICAL BOARD OF THE
STATE OF FLORIDA**

Pledge of Respect

Policies and Procedures Applicable to (Name of University) _____
_____ **Employees Who Are Not Faculty, Residents or Students.**

Whenever a donated human anatomical specimen is made accessible to a
(Name of University) _____ employee, as part of their assigned
work, the employee will be required to sign the following pledge prior to having access to a donated human
anatomical specimen provided by the Anatomical Board:

Pledge of Respect for the Sanctity of Donated Human Anatomical Specimens

I, the undersigned employee, recognize that the bequest of human remains to the Anatomical Board of the State of Florida represents a direct and important contribution to medical teaching and research. Such donations allow health professional faculty and students the opportunity to closely examine, evaluate, and understand the detailed structure of the human body. Further, the caring and thoughtfulness of such bequests provides physicians and research scientists with the opportunity to gain knowledge that may prolong, improve, or save someone's life. Without such bequests, medical science and health care would suffer devastating setbacks.

In recognition of the generosity of such bequests, I understand that the policy of the Anatomical Board of the State of Florida is to treat donated human anatomical specimens with the utmost respect and gratitude at all times, and I pledge to comply with this policy. I acknowledge HIPAA and other privacy regulations continue to protect individuals' health information after death. I also acknowledge that NO PHOTOGRAPHY of any part of any human specimen is permitted without permission from the Executive Director of the Anatomical Board. I further pledge that the donated human anatomical specimens to which I have access will remain in teaching/research rooms or specific storage space approved for such use by the Anatomical Board, unless a signed authorization for transfer elsewhere has been executed by the Executive Director of the Anatomical Board of the State of Florida or his/her authorized designee. I further pledge to comply with all applicable requirements for timely return of human anatomical specimens to the Anatomical Board of the State of Florida.

Signature

Date

Typed or Printed Name: _____

Title: _____

Department/College: _____

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