



## OUT-OF-STATE FACILITY AUTHORIZATION APPLICATION

In order to receive, handle, or use decedent donors from Texas, please complete this Out-of-State Facility Authorization Application. The following information is required as part of the Application:

- Out-of-State Facility Authorization Application Form
- Sworn Affidavit
- Documentation of Applicant's compliance with applicable local, state, and federal laws regarding fire safety and public health and safety requirements for the facility(ies) in which the decedent donors will be received and handled.
- If Applicant's facility is required to be licensed, authorized, or registered by a government agency in the state in which the applicant is located, documentation showing that the facility is in compliance, proof of good standing and no disciplinary action against the facility, and any other requirements.
- A one-time, non-refundable initial application fee of \$1,000 payable to Texas Funeral Service Commission.

If the requested donor body or anatomical specimen will be used for more than one course, clinical training, lab, or research project, please provide the necessary information for each event. If the event(s) will occur at different locations (including room or building), please provide the necessary information for each location in which the decedent donor body or anatomical specimen will be transferred, handled, or used.

Please provide the information requested, and email a completed copy of the Application, and any supporting documentation, to [anatomical@tfsc.texas.gov](mailto:anatomical@tfsc.texas.gov) or by mail to:

**Texas Funeral Service Commission**  
**Attn: Anatomical**  
**1801 Congress Avenue, Suite 11-800**  
**Austin, TX 78701**

Commission staff will review the application upon receipt. If the application is complete, it will be forwarded to the TFSC Commissioners to vote on during a public meeting whether to approve the out-of-state authorization.

For any questions, please contact the Texas Funeral Service Commission at [anatomical@tfsc.texas.gov](mailto:anatomical@tfsc.texas.gov) or by telephone at (512) 936-2474.



# OUT-OF-STATE FACILITY AUTHORIZATION APPLICATION FORM

(PLEASE TYPE OR PRINT)

DATE OF APPLICATION: \_\_\_\_\_

ENTITY NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BOARD OF DIRECTORS OR TRUSTEES

IF EDUCATION INSTITUTION: DEAN OF SCHOOL & DEPARTMENT OR PROGRAM HEAD:

IF OTHER ENTITY: CHIEF EXECUTIVE OFFICER

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_



**CONTACT INFORMATION**

Name of Entity receiving/holding/using anatomical specimen (if different from above):

\_\_\_\_\_

Type of Entity: \_\_\_\_\_

Address of Entity Receiving/Holding /Using Anatomical Specimen (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Entity Point of Contact & Title (if different from above): \_\_\_\_\_

\_\_\_\_\_

Date decedent donor body/anatomical specimen needed by: \_\_\_\_\_

Date Applicant will return decedent donor body/part: \_\_\_\_\_

Number of decedent donor whole body(ies)/anatomical specimen needed:

\_\_\_\_\_

Condition of decedent donor needed (i.e. embalmed, fresh, frozen, etc.):

\_\_\_\_\_

Type of decedent donor whole body or anatomical specimen requested:

\_\_\_\_\_

Person responsible for tracking/ overseeing the donor's body or anatomical specimen while at Applicant's facility (if different from contact provided above):

\_\_\_\_\_



**CONTACT INFORMATION (CONT'D)**

Describe the condition in which the decedent donor will be returned to the sending entity: \_\_\_\_\_

\_\_\_\_\_

**CHAIN OF CUSTODY**

List all individuals/entities, including third-parties, expected to have custody or possession of the decedent donor body/anatomical specimen. The usual and customary practice in the air and ground transportation industry may apply for indicating the person with custody or possession of the decedent donor for purposes of transportation. If any licenses, certificates, authorizations required, provide a copy that each individual's/entity's is active and in good standing. Additional pages may be provided.

Name	Phn No./Email	Job Position/Title	Employer

Please complete the following information regarding the Applicant's intended use for the decedent donor body or anatomical specimen. If multiple courses, clinical trainings, labs, research projects, or other uses are intended for the time frame in which the Applicant will have custody or possession of the decedent donors, please provide the information requested below for each event.

Course/Clinical Training/Lab/Research Project Title and Number: \_\_\_\_\_

\_\_\_\_\_

Supervising educator, professor, physician, owner or other individual: \_\_\_\_\_

\_\_\_\_\_



**Start/End dates of the course/ clinical training/lab/research project:**

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**If decedent donor is not used for the entire course/clinical training /lab/research project, then provide the start/end dates in which decedent donor will be used for each event:**

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**Brief description of the course/ clinical training/lab/research project:** \_\_\_\_\_

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**Description of the intended use for the decedent donor body/anatomical specimen during the course/clinical training/lab/research project, including if and how the students/trainees will directly handle the decedent donor:** \_\_\_\_\_

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**Describe the procedures or policies in place to ensure the decedent donor is treated with dignity and respect during use.** \_\_\_\_\_

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**STORAGE AND SECURITY OF DONOR CADAVERS AND SPECIMEN. If any section does not apply, please insert "N/A" as the response.**

Storage Location (Room and Building) \*: \_\_\_\_\_

\_\_\_\_\_

Location used for dissection (Room and Building) \*: \_\_\_\_\_

\_\_\_\_\_

Describe the method of storage used for decedent donors while in the custody or possession of Applicant facility: \_\_\_\_\_

\_\_\_\_\_

If cold storage is used, what temperature is maintained?: \_\_\_\_\_

\_\_\_\_\_

If fluid storage is used, what is the composition of the fluid?: \_\_\_\_\_

\_\_\_\_\_

Have there been any problems with the storage method used within the last 5 years that prevented proper storage of the decedent donor while at the Applicant's facility?:

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the problem and how it was resolved, or if it still exists, steps taken to remedy the issue: \_\_\_\_\_

\_\_\_\_\_



**STORAGE AND SECURITY OF DONOR CADAVERS AND SPECIMEN (CONT'D)**

**Ventilation.**

(a) Describe how the facility's air exchange is monitored, including the frequency.:

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(b) Include the air flow exchange per hour measurement, and the date in which it was last checked.:

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**Fumes.**

(a) Are concentrations of formaldehyde, phenol, or other hazardous chemicals in the air within the facility measured?:

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(b) If so, provide the frequency, and documentation showing applicable local and state air quality compliance.:

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Describe how hazardous chemicals, explosives, or flammable materials are properly stored to minimize danger of exposure by personnel:

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Describe the security measures taken to prevent the viewing of decedent donor bodies or anatomical specimen by the public during preparation, transport, storage, use or disposition.:

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**STORAGE AND SECURITY OF DONOR CADAVERS AND SPECIMEN (CONT'D)**

Describe the facility's security measures to prevent unauthorized persons from accessing or handling the decedent donors during preparation, transport, storage, use, or disposition.: \_\_\_\_\_

\_\_\_\_\_

Describe the facility's security measures to prevent unlawful cell phone use, photography or video of the decedent donors.: \_\_\_\_\_

\_\_\_\_\_

**CLEANLINESS OF FACILITIES. If any section does not apply, please insert "N/A" as the response.**

Are the facilities in which the donor cadaver/specimen will be used, used for any other purpose? If so, please describe.: \_\_\_\_\_

\_\_\_\_\_

Describe how the facility(ies) in which the donor cadaver/ specimen will be used satisfies local, state, or federal health, cleanliness, and safety laws & professional standards appropriate for health-educational, clinical training, lab, or research project environments.: \_\_\_\_\_

\_\_\_\_\_

Describe the composition of the floor.: \_\_\_\_\_

Describe the facility's lighting.: \_\_\_\_\_

Describe the facilities available for washing hands and instruments, and the proximity to where the decedent donor body/anatomical specimen are used.: \_\_\_\_\_

\_\_\_\_\_





**CLEANLINESS OF FACILITIES. (CONT'D)**

If preserving embalmed decedent donor bodies or anatomical specimen, describe the facility's dissecting tables to accommodate the preservation.: \_\_\_\_\_

\_\_\_\_\_

If fluid is used to prevent desiccation of decedent donor bodies or anatomical specimen, describe the composition of the fluid.: \_\_\_\_\_

\_\_\_\_\_

For parts of the decedent donor body or anatomical specimen that cannot be returned to the source, describe the disposal procedures for the tissue remains.: \_\_\_\_\_

\_\_\_\_\_

**PRIOR DISCIPLINARY HISTORY.** If any section does not apply, please insert "N/A" as the response.

Within the past 10 years, has any disciplinary action--administrative, civil or criminal (including but not limited to letters of warning or reprimand, agreed settlement orders, administrative fines or penalties, etc.)--been taken against the facility, institution, entity, facility owner, student, course/clinical training/lab/research project instructor/supervisor/participant or person responsible for the program, for the misuse of handling, transporting or using a decedent donor body or anatomical specimen?

If yes, please provide the circumstances surrounding the incident *(Do not include information that would . violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99.)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CLEANLINESS OF FACILITIES. (CONT'D)**

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If yes, please provide the circumstances surrounding the incident (*Do not include information that would violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PRIOR DISCIPLINARY HISTORY (CONT'D)**

When did the incident occur? \_\_\_\_\_

How was the incident resolved?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What rehabilitative efforts have been put in place to ensure a similar incident does not reoccur?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION OF DECEDENT DONOR TO AND FROM OUT-OF-STATE FACILITY.**

*\*The Commission Representative may submit this section if responsible for transportation.*

Describe the method of transportation used for decedent donors to be delivered to the Out-of-State Facility, including the name and contact information of any companies or persons used for the transport.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the method of transportation used to return decedent donors to the Commission's Representative, including the name and contact information of any companies or persons used for the transport.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**TRANSPORTATION OF DECEDENT DONOR (CONT'D)**

Please provide documentation that any individual's or entity's required license, certification, authorization, registration, etc., for the transportation is active and in good standing: \_\_\_\_\_

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Are the entities or individuals used in the transport currently involved in any lawsuits, hearings, or administrative hearings, lawsuits related to the transport of decedents?: \_\_\_\_\_

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## SWORN AFFIDAVIT

The undersigned, \_\_\_\_\_ (print name), hereby states under oath that that the information contained in this Application is true and correct to the best of their knowledge.

By signing below, the undersigned affirms that they have the authority to sign this application on behalf of the entity they represent and that all necessary approvals have been obtained.

\_\_\_\_\_  
Receiving Entity Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date