

Anatomy Donor Consent Form

It is important that you read the **DONOR INFORMATION STATEMENT** before you complete this Anatomy Donor Consent Form. This Form must also be signed by your senior Next-of-Kin/ or Executor to indicate that your family is aware of your intentions to donate after death.

To whom it may concern

It is my wish that my remains after death be made available to the holder of a licence under the *Anatomy Act 1977* and the *Human Tissue Act 1983* at the School of Biomedical Sciences, UNSW Sydney. I consent to the anatomical examination of my body after my death and to the removal of tissue from my body for the purposes of its use for anatomical education. After completion of anatomical examination and removal of any tissue, it is my wish that my body be cremated according to the instructions listed below. **I understand that certain circumstances may make it impossible for the University to accept my offer at the time of my death.**

Name (BLOCK capitals): _____
Given Names *Family Name*

Title: (Mr / Mrs / Ms / Miss / Dr) Sex: (Male / Female) Date of Birth: _____

Address: _____
(Please notify the UNSW Bequeathal Program of any change of address)

Telephone: (Home) _____ (Mobile) _____

The following information is required in order that death may be registered with the Registry of Births, Deaths & Marriages:

Occupation or Profession (former occupation if retired): _____

Father's full name: _____

Mother's full name and **maiden family name:** _____

Town and country in which you were born: _____

If born overseas, what year did you first arrive in Australia: _____

Marital Status: _____

First Marriage:

Location _____

At what age _____

To whom _____
(if female – maiden family name)

Second Marriage:

Location _____

At what age _____

To whom _____
(if female – maiden family name)

(If more than 2 marriages, please attach details on a separate sheet)

Children from all relationships (including legally adopted and deceased):

Given Name(s)	Sex (M / F)	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If there are more children, please attach details on a separate sheet)

Please address the following:

Have you spent six months or more within the United Kingdom between the years 1980 to 1996 inclusively? Yes No

Have you received a blood transfusion in the UK since 1 January 1980? Yes No

Do you consent to the transfer of your body to another Medical School or Teaching Institute in Australia? Yes No

Do you consent to the retention of some parts of your body for museum preparations? Yes No

Please be aware that your body may be retained for up to eight years.

Disposal of remains:

At the end of the period of retention, UNSW Sydney will organise the cremation of your remains and the subsequent disposal (scattering) of the ashes in the Crematorium Gardens. **If your preference is to have the ashes returned**, please indicate in the space below the name, address and telephone number of the individual to whom the cremated ashes should be returned.

Contact details if you wish to have ashes returned:* _____

**Please be aware that if we are unable to contact the individual you have nominated prior to cremation, UNSW Sydney will organise to have your ashes scattered in the Crematorium Gardens.*

I declare that in the absence of any notice in writing signed by me to the effect that I have withdrawn my wishes or revoked my consents as set out above, any person empowered under the *Anatomy Act 1977* and the *Human Tissue Act 1983* to authorise the anatomical examination of my body or the removal of tissue from my body may treat each such wish and consent as not having been withdrawn or revoked.

You are making a decision whether or not to participate. Your signature indicates that you have read and understand the information provided in the **DONOR INFORMATION STATEMENT**.

Donor's Signature: _____

Date: _____

Details of Next of Kin/ or Executor

Name (BLOCK capitals): _____
Given Names *Family Name*

Title: (Mr / Mrs / Ms / Miss / Dr) Relationship to donor: _____

Address: _____
(Please notify the UNSW Bequeathal Program of any change of address)

Telephone: (Home) _____ (Mobile) _____

Email Address: _____

I, the undersigned Next-of-Kin/ Executor of the donor, am aware of the consents he/she has given.

Next of Kin/ Executor's Signature: _____

Date: _____

Witness's Signature: _____

Name: _____

Date: _____

For donors aged 16-18 years only:

A second declaration from another senior next of kin (eg other parent) is required.

Details of Second next of Kin or Executor

Name (BLOCK capitals): _____
Given Names *Family Name*

Title: (Mr / Mrs / Ms / Miss / Dr) Relationship to donor: _____

Address: _____
(Please notify the UNSW Bequeathal Program of any change of address)

Telephone: (Home) _____ (Mobile) _____

Email Address: _____

I, the undersigned Next-of-Kin/ Executor of the donor, am aware of the consents he/she has given.

Next of Kin/ Executor's Signature: _____
Date: _____

Witness's Signature: _____
Name: _____
Date: _____

**Please return original form to:
Bequeathal Program, School of Biomedical Sciences, UNSW Sydney, Sydney, NSW, 2052.
Please copy this form and retain for your records.**