



Museum of Human Disease

Donor Consent Form for Post-Mortem Donations (under-18s)

PART A – to be completed by the donor's parent or legal guardian during their life

Donor's full name:	
Residential address:	<i>(Please notify the Museum of Human Disease of any change of address)</i>
Phone:	
Email:	
Specimen type:	
Brief description:	<i>Describe what part of the body the specimen is and the pathology of it</i>

I, _____ (the parent/legal guardian of the Donor), consent to *(tick as appropriate)*:

- the human tissue specimen detailed above to be removed during an autopsy upon my child's death and to be kept by the University of New South Wales (The University) Museum of Human Disease,
- this donation and any facsimiles made from it, in whatever form, to be used for educational purposes by The University as deemed fit and appropriate. I understand these uses may be through digital dissemination, public display or in printed form and
- samples taken from this donation being used as deemed appropriate for research purposes for any related science inquiry. If, at any time, The University deems the specimen no longer needed for educational purposes I understand and consent to its disposal in a respectful and appropriate manner.

Initial:

I authorise an appropriate pathologist and/or my child's doctor, _____, to release a brief clinical summary, including / not including (*please circle correct description*) any relevant medical imaging, to The University relating solely to the specimen detailed above.

I have provided a copy of this consent form to the person(s) identified below and have instructed them to contact the Museum of Human Disease to organise the preservation of my tissue as soon as possible after my child's death.

	Name	Contact phone number
<input type="checkbox"/> Next of kin		
<input type="checkbox"/> Care provider		
<input type="checkbox"/> Doctor		
<input type="checkbox"/> Other	Relationship:	

Donor's full name (PRINT):

Signature:

Date:

PART B – to be completed by the donor's next of kin after death

I, _____, being the authorised next of kin of _____ (the Donor), consent to (*tick as appropriate*):

the removal of the human tissue specimen outlined in Part A of this form during an autopsy and for this specimen to be kept by the University of New South Wales (The University) Museum of Human Disease,

this donation and any facsimiles made from it, in whatever form, to be used for educational purposes by The University as deemed fit and appropriate. I understand these uses may be through digital dissemination, public display or in printed form and

samples taken from this donation being used as deemed appropriate for research purposes for any related science inquiry. If at any time The University deems the specimen no longer needed for educational purposes I understand and consent to its disposal in a respectful and appropriate manner.

I authorise an appropriate pathologist and/or doctor as outlined in Part A of this form to release a brief clinical summary, including any relevant medical imaging, to The University relating solely to the specimen detailed above.

Next of kin full name (PRINT):

Signature:

Date:



UNSW
SYDNEY

Museum Office Use

Specimen number:

Date received:

Received by (name and zID):

Acquisition Checklist		
Action	Date completed	Performed by
Specimen details entered into green specimen register & number assigned		
OpenSpecimen entry created for specimen		
Specimen mounted in pot & preservative		
Photo taken of specimen & uploaded to OpenSpecimen		

Once the acquisition checklist has been completed, this signed consent form is to be scanned and uploaded to the provenance section of the specimen's OpenSpecimen entry.

Contacts

Museum of Human Disease

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Email: diseasemuseum@unsw.edu.au

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