

## Museum of Human Disease Donor Consent Form for Surgical Donations (under-18s)

Donor's full name:	
Residential address:	(Please notify the Museum of Human Disease of any change of address)
Phone:	
Email:	
Specimen type:	
Brief description:	Describe what part of the body the specimen is and the pathology of it
I,as appropriate):	(the parent/legal guardian of the Donor), consent to (tic
	specimen detailed above to be removed during surgery and to be kept by the University of The University) Museum of Human Disease,
	any facsimiles made from it, in whatever form, to be used for educational purposes by The ed fit and appropriate. I understand these uses may be through digital dissemination, public form and
science inquiry. If, a	om this donation being used as deemed appropriate for research purposes for any related tany time, The University deems the specimen no longer needed for educational purposes I sent to its disposal in a respectful and appropriate manner.
release a brief clinic	propriate pathologist and/or my child's doctor,, to all summary, including / not including (please circle correct description) any relevant medical versity relating solely to the specimen detailed above.

## **Museum Office Use**

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SI	nec	ıme	n nı	ımber:	

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

Phone: (02) 9065 0330

Email: diseasemuseum@unsw.edu.au

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