



Museum of Human Disease

Donor Consent Form for Surgical Donations

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 Donor), consent to *(tick as appropriate)*:

the human tissue specimen detailed above to be removed during surgery 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.

I authorise an appropriate pathologist and/or my 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.

Initial:

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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