



Museum of Human Disease Specimen Donor Revocation of Consent

I hereby wish to WITHDRAW my consent to donate part of my body to the UNSW Museum of Human Disease.

Signature

Date

Please PRINT name and address

Please mail this original form to:

Museum of Human Disease
Ground Floor, Gordon & Jacqueline Samuels Building
UNSW Sydney NSW 2052

A scanned copy can also be emailed to diseasemuseum@unsw.edu.au

We thank you for your time and consideration.