



## SCHOOL OF MEDICAL SCIENCES ANATOMY DONOR CONSENT FORM

### 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 Medical Sciences, the University of New South Wales. 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 medical or scientific purposes. After completion of anatomical examination and removal of any tissue it is my wish that my body be cremated or buried according to the preferences listed below. I understand that circumstances may make it impossible for the University to accept my offer at the time of my death.

Full Name (BLOCK capitals) -----

Title (Mr / Mrs / Ms / Miss / Dr)      Sex (Male / Female)      Marital status-----

Address -----  
*(Please notify the Body Donation Program, School of Medical Sciences of any change of address)*

Date of Birth -----      Phone no. -----

Name, address and relationship of nearest relation -----  
----- Phone no. -----

### Preference as to disposal of remains: *please tick box of your choice*

- a) Cremation and the subsequent disposal (scattering) of the ashes in the Crematorium Gardens;
- b) Cremation and the ashes sent by registered post to -----
- c) A simple burial. Please note that any additional costs, over those for cremation, would need to be met by your family.

### The following information is required in order that death may be registered with the Registrar General's Department:

Occupation or Profession (*former occupation if retired*) -----

Father's full name -----

Mother's full name and maiden surname -----

Town and country in which you were born -----

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

If married, where -----

at what age -----

to whom -----  
*(if female – maiden family name)*

Children (living & deceased), names and dates of birth -----

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If married a second time, where -----

at what age ----- to whom -----

Children (living and deceased), names and dates of birth -----

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If more than 2 marriages please attach details on a separate sheet.

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

I have no objection to my body being transferred to another Medical School or Teaching Institute in Australia or overseas. **(Delete this if you object.)**

I have no objection to the retention of some part/s of my body for museum preparations. **(Delete this if you object.)**

I have no objection to my body being retained for more than four years but less than eight years. **(Delete this if you object.)**

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 authorize 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, having read the information provided in the Donor Information Statement, you have decided to participate.**

**Donor's Signature** -----

I, the undersigned next-of-kin/ executor of the donor. Have no objection to the consents he/she has given.

Signature of next-of-kin/ executor ----- Name-----

Address ----- Relationship to donor (if any)-----

----- Date -----

Witness's signature ----- Name -----

Address -----

----- Date -----

*Return one original to: Body Donation Program, School of Medical Sciences, The University of New South Wales, Sydney NSW 2052. Place a copy with your Will and keep a copy with your personal effects.*