



DONOR CONSENT FORM

Body Donor Program



THE UNIVERSITY OF
MELBOURNE

Please complete both sides of this consent form and retain a duplicate copy for your own records.

It is suggested that you indicate in your will, and also inform your next-of-kin, executor and medical practitioner, of your wish to donate your body to the University.

The University will be responsible for the collection and transport of your body from the place of your death, provided that this is no more than sixty (60) kilometres from the General Post Office, Melbourne. Your body will be retained for anatomical examination and the teaching of anatomy for a period of approximately three (3) years. Following this, the University will attend to the subsequent cremation of your body at a time and place of its choice. In some instances, the University may choose to retain a tissue sample or selected body part, or parts indefinitely for teaching purposes.

The University may sometimes be unable to accept a body for various reasons, for example, if death is due to accident or transmissible disease or an autopsy is required. Accordingly, the University reserves the right to decline to accept a body in certain circumstances. In such an eventuality your next-of-kin or executor will be notified of the need for other arrangements to be made.

Additional information can be found at www.anatomy.unimelb.edu.au/aboutus/donorprogram/faq.html.

Donor:

I, Family name

Given names

of Your residential address

Telephone number Email

Date of Birth

hereby consent to the retention of my body after my death, for anatomical examination and the teaching and study of anatomy, under the Human Tissue Act 1982.

I wish that this examination or study be carried out at the Department of Anatomy and Cell Biology, The University of Melbourne, or such other prescribed Department of Anatomy or other institution as the University designates.

I give permission for my treating doctor to supply to the Department of Anatomy and Cell Biology whatever medical information they may require.

I further consent to the cremation of my remains at a time and place to be arranged by The University of Melbourne. My next-of-kin will notify the Department of Anatomy and Cell Biology, The University of Melbourne, in writing within two (2) months of my death if they wish to collect my ashes upon completion of the University's anatomical examination and study. The University will acknowledge receipt of such a letter. If the University does not receive such notification, it may make arrangements for the ashes to be scattered or otherwise may dispose of the ashes in its absolute discretion.

I confirm that I have not spent a cumulative total of six (6) months or more in the UK between 1 January 1980 and 31 December 1996, and that I have not received a blood transfusion in the UK since 1 January 1980.

Date Signature of donor

(Power of Attorney or next-of-kin is NOT acceptable)

Department of Anatomy and Cell Biology
The University of Melbourne
Victoria 3010 Australia

In order to ensure we are able to give your ashes to the appropriate person, please complete the following details:

Details of next-of-kin:

Family name

Given names

Relationship to you

Address

Telephone number Email

Alternative next-of-kin: *(in case the above named person predeceases you or we are unable to contact them)*

Family name

Given names

Relationship to you

Address

Telephone number Email

**Please note: if you have no or only one living relative, please indicate who the Executor of your estate is:*

Name

Address

Telephone number Email

Treating / Family Doctor details:

Name

Address

Telephone number Email

Please complete this form and return it to:

**Coordinator
Body Donor Program
Department of Anatomy & Cell Biology
The University of Melbourne
VICTORIA 3010**

We will acknowledge receipt of the form.

The personal and health information contained in this Consent Form is required for the purposes of administering your donation to the University's Body Donor Program. The University must comply with the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic) when collecting, using or handling personal or health information. Information on the University's Privacy Policy can be found at www.unimelb.edu.au/unisec/privacy.