

FORM 2:

DONOR INFORMATION FORM


 THE UNIVERSITY OF
 NEWCASTLE
 AUSTRALIA

The information on this page is required when registering a death with the Registrar of Births Deaths and Marriages. It is confidential and will not be used for any other purpose.

SURNAME		GIVEN NAMES			
Date of birth:		Sex:	Male / Female	Pension type:	
Place of birth:	<i>Town</i>		<i>State</i>		<i>Country</i>
Occupation (former occupation if retired):					
If not born in Australia, year of arrival:			Aboriginal or Torres Strait Islander?		Yes / No
PARENTS					
Father	Surname:				
	Given names:				
	Occupation:				
Mother	Surname (at birth):				
	Given names:				
	Occupation:				
CURRENT MARITAL STATUS <i>please select one</i>					
Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> De facto <input type="checkbox"/>					
DONOR'S MARRIAGES					
First marriage:	Place (town and state):			At age (years):	
	To whom (full name):				
Second marriage:	Place (town and state):			At age (years):	
	To whom (full name):				
Third marriage:	Place (town and state):			At age (years):	
	To whom (full name):				
ALL CHILDREN (BORN ALIVE), IN ORDER OF BIRTH (If now deceased, please write 'D' instead of date of birth)					
<i>Surname (current)</i>		<i>Given names</i>		<i>Date of birth</i>	

The information on this page is used to determine whether or not donors are suitable for registration with the program and also to assist in the preparation of teaching specimens from donor bodies.

RELEVANT MEDICAL HISTORY	
Do you have a pacemaker / other battery powered device attached to your body?	YES / NO
Have you ever contracted hepatitis?	YES / NO
*If yes, what type:	
Do you have / have you had cancer?	YES / NO
*If yes, what type:	
Have you spent any time in the UK between 1980-1996?	YES / NO
*If yes, what was the total amount of time spent there:	
Did you receive a blood transfusion in the UK between 1980-1996?	YES / NO
Please list any surgical procedures performed on you in the past:	
Any broken bones sustained in the past:	
Any joint replacements:	
Any other illnesses leading to change in the body:	

Return forms to: *Body Donor Program
Discipline of Anatomy
University of Newcastle
CALLAGHAN NSW 2308*

CONTACT DETAILS
Business hours: 4921 5663
After hours: 0408 279 423