FORM 1:

OFFER OF BODY FOR ANATOMICAL EXAMINATION



This form is supplied for the convenience of the donor and is in no way legally binding if the donor (or after death, their relatives) wish to alter or revoke any part of this form.

TITLE		SURNAME	GIVEN NAMES				
Mr/Mrs/Ms/I	Miss						
Address:							
		Suburb:			Postcode:		
Phone:		Landline:	Mobile:				
Email:							
Date of birth:	:						
I acknowledge that I have read the <i>Body Donor Program</i> information package and confirm it is my wish that after death my body be made available to the Disciple of Anatomy , University of Newcastle , to be used in whatever way deemed most beneficial for the purposes of anatomical examination. I also authorise the University of Newcastle to have full access to my health and medical records after death. I acknowledge that registration with the Program does not guarantee acceptance of my body at time of death.							
SIGNED:			DATE:				
PREFERENCE AS TO DISPOSAL OF REMAINS please select one							
Cremation ar	nd sc	attering of ashes in a Memorial Garden	[
Cremation and return of ashes to the person nominated below							
Name:							
Address:							
Phone:	Land	line:	Mobile:				
Email:							
Please provide details of anyone else you would like us to notify when cremation has taken place:							
Name:							
Address:							
Phone:	Land	line:	Mobile:				
Email:							
Name:							
Address:							
Phone:	Land	line:	Mobile:				
Email:							

PERMISSIONS							
If the University is unable to accept my donation at time of death, I wish for my Next of Kin to be provided with contact details for an alternative anatomy program. *Acceptance will still be subject to the needs of that program and is not guaranteed.							
If accepted by the University of Newcastle, I give permission for my body to be transferred to another University Department of Anatomy elsewhere in Australia.							
I give permission for my body, or parts thereof, to be retained by the University for longer than 4 years. YES / NO							
I give permission for my body to be frozen and subsequently thawed for use in surgical training. YES / NO							
I give permission for the University to make images of my body for the purposes of education. *Any images will be made anonymous.							
PERMANENT RETENTION							
I give permission for my body to be retained indefinitely as 'museum specimens' (see Information for Donors sheet for full details) YES / NO							
If yes, are there any organs or body parts you wish to exclude from this consent? YES / NO							
Please specify any body parts for exclusion:							
SIGNED: DATE:							
TO BE COMPLETED BY SENIOR NEXT OF KIN							
Order of seniority for Next of Kin: 1. Spouse or domestic partner 2. Son or daughter 3. Parent 4. Brother or sister							
A person's decision to donate their body to the Body Donor Program is one that should be made in consultation with immediate family members. By obtaining the signature of the donor's Senior Next of Kin the University can be confident that the donor's family is aware of the donor's wishes and will not object to the donation at time of death. Family members should be aware that circumstances may prevent acceptance of the donation.							
Donor bodies are accepted on a conditional basis pending the result of a blood test to screen for infectious diseases. If the blood test confirms the presence of an infectious disease, or if we are unable to obtain sufficient blood to complete the test, the University is unable to accept the donation and the donor will be returned to the family who will then be responsible for funeral arrangements.							
I, the undersigned, have no objection to the applicant's wishes as stated above. I acknowledge that circumstances may prevent the University from accepting the donation at time of death and if this occurs alternative arrangements will need to be made by the donor's family.							
Name:							
Address:							
Phone: Landline: Mobile:							
Email:							
Relationship to donor:							
SIGNED: DATE:							

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