DEPARTMENT OF ANATOMY AND PHYSIOLOGY
BODY DONOR PROGRAM – DONOR CONSENT FORM.

Please complete all pages of this Donor Consent Form, return the original to the Body Donor Coordinator and retain a duplicate copy for your own records. The University will acknowledge receipt of your paperwork.

It is important that you read the Body Donor Program Information Sheet before you complete this Donor Consent Form.

This Donor Consent Form must also be signed by your senior available next of kin (see Q3 in the Body Donor Program Information Sheet). **We recommend that you provide a copy of the completed form to this person so they have a record of your wishes.** It is suggested that (if possible) you indicate in your will and also inform your executor and medical practitioner of your wish to donate your body to the University of Melbourne.

If any of your personal details change, please ensure the University of Melbourne is advised.

An adult (18 years and over) may apply to become a prospective body donor provided that they reside within forty (40) kms of the General Post Office, Melbourne (see Q2 in the Body Donor Program Information Sheet). If accepted, your body will generally be retained for up to three (3) years. Following this, the University of Melbourne will attend to the subsequent cremation of your body. Notwithstanding the above, the University of Melbourne may retain tissue samples or selected body part, or parts indefinitely for uses of the kind identified below.

At the time of death, the University of Melbourne 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 (see Q4 in the Body Donor Program Information Sheet). Accordingly, the University of Melbourne reserves the right to determine acceptance into the Body Donor Program and to decline to accept a body in certain circumstances (see Q4 and Q12 in the Body Donor Program Information Sheet). In such an event your senior available next of kin or executor will be notified of the need for other arrangements to be made.

Please Note: Only Registered Donors, being donors who have completed this Donor Consent Form and accepted by the University of Melbourne, will be accepted at the time of death.
Additional information can be found at:

https://biomedicalsciences.unimelb.edu.au/departments/department-of-anatomy-and-physiology/engage/body-donor-program

SCOPE AND TERMS OF CONSENT

Donor:

I, Family name | Dr., Mr., Mrs., Ms., Miss, etc.

Given names

of Your residential address

POSTCODE

of Your Postal address

POSTCODE

Telephone number | Email

DAY MONTH YEAR

Date of Birth

hereby consent to:

(a) The University of Melbourne, other Universities and/or Schools of Anatomy within Australia, and other third parties who the University of Melbourne has arrangements with, to retain, access and use my donated body after my death for the purpose of teaching, study, examination and investigation into and research of human anatomy. This includes for the purpose of teaching students and other medical professionals in the use of medical tools, devices and procedures, or the creation and development of tools, medical equipment, technology, or other commercial or medical products by the University of Melbourne or third parties (acknowledging that the uses set out above may also include the creation of unidentifiable scans, images and models of my donated body, including parts of my donated body or tissue samples);

(b) My medical information (including my full medical history) being provided by my doctor or medical team to the University of Melbourne as required to support the Body Donor Program to accept the donation of my body; and

(c) The University of Melbourne providing a copy of my signed donor consent form to my doctor or medical team, to my next of kin or to any other institution or organisation that reasonably requires evidence of my consent to the donation of my body and matters related to it.

I further consent to the cremation of my remains at a time and place to be arranged by The University of Melbourne. I direct that my ashes be (please tick appropriate box):-

Returned to my senior available next of kin ☐ **OR**

Returned to my executor ☐ **OR**

Scattered by the University of Melbourne ☐

Treating / Family Doctor details:

Name Dr., Mr., Mrs., Ms., etc.

Address

POSTCODE

Telephone number Email

Specialist Doctor/Alternative Doctor details:

Name Dr., Mr., Mrs., Ms., etc.

Address

POSTCODE

Telephone number Email

In order to ensure we are able to:

1. *Notify the Registry of Births, Deaths and Marriages of the death; and*
2. *Return your ashes to the appropriate person,*

Please complete the following details and ensure that you have acquired the relevant person's agreement to do so:

Details of senior available next of kin:

Family name | Dr., Mr., Mrs., Ms. Etc.

Given names

Relationship to you

Postal Address

POSTCODE

Telephone number | Email

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

Family name | Dr., Mr., Mrs., Ms. Etc.

Given names

Relationship to you

Postal Address

POSTCODE

Telephone number | Email

OR

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

Postal Address

POSTCODE

Telephone number | Email

I acknowledge that I have read and agree with the information contained on this Donor Consent Form and on the Body Donor Information Sheet.

Signature of donor

Date

I acknowledge that I have read and agree with the information contained on this Donor Consent Form and on the Body Donor Information Sheet.

Signature of senior available next of kin/executor

Date

Please complete this form and return it in hard copy to:

Coordinator
Body Donor Program
Department of Anatomy & Physiology
THE UNIVERSITY OF MELBOURNE
VICTORIA 3010

We will acknowledge receipt of the form.

The Department of Anatomy and Physiology is collecting and processing the personal and health information contained in this Consent Form for the purpose of administering your donation to the University's Body Donor Program. For further information about how the University manages personal information, and for details of how to make an enquiry, lodge a complaint, or to contact the University's Privacy and Data Protection Officer, please refer to our Privacy webpage *(https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy) or contact privacy-officer@unimelb.edu.au.*