

DONOR CONSENT FORM

Body Donor Program

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 Q2 in the Body Donor Program Information Sheet). It is suggested that 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) kilometres of the General Post Office, Melbourne (see Q1 in the Body Donor Program Information Sheet). If accepted, your body will be retained for the teaching, study, examination and investigation of human anatomy for a period that may extend for up to three (3) years. Following this, the University of Melbourne will attend to the subsequent cremation of your body at a time and place of its choice. Notwithstanding the above, in some instances, the University of Melbourne may choose to retain a tissue sample or selected body part, or parts indefinitely for anatomical examination and teaching purposes.

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 Q3 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 Q3 and Q11 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://biomedsciences.unimelb.edu.au/departments/departments-of-anatomy-and-physiology/engage/body-donor-program>

SCOPE AND TERMS OF CONSENT

Donor:

I, Family name

Dr, Mr., Mrs., Ms. Miss Other

Given names.

of Your residential address

POSTCODE

Telephone number

Email

DAY MONTH YEAR

Date of Birth

hereby consent to:

- (a) the retention and use of my body (including tissue samples or selected body parts hereafter referred to as **My Donated Body, Body Parts or Tissue Samples**) after my death (and in some instances indefinitely), for the purpose of the teaching, study, examination and investigation of human anatomy throughout Australia,
- (b) the University of Melbourne's Department of Anatomy and Physiology supplying My Donated Body, Body Parts or Tissue Samples to other prescribed schools of anatomy authorised by the Minister under section 35 of the *Human Tissue Act 1982* (Vic) or authorized interstate Schools of Anatomy.
- (c) my treating doctor supplying the Department of Anatomy and Physiology whatever medical information they may require, including a full medical history; and
- (d) the University of Melbourne providing a copy of my signed donor consent form to my treating doctor upon their request, for the purpose of confirming my consent to the disclosure of my full medical history to the Department of Anatomy and Physiology.

I acknowledge that unidentifiable images and models of My Donated Body, Body Parts or Tissue Samples may be generated and used by:

- (a) the Department of Anatomy and Physiology at the University of Melbourne.
- (b) or other prescribed school of anatomy authorised by the Minister under section 35 of the *Human Tissue Act 1982* (Vic); or
- (c) other schools of anatomy in other Australian states and territories with an authority/licence pursuant to (as relevant) the Relevant Legislation in the creation of tools for use in the study and teaching of anatomy including commercial products.

I consent to my body being transferred to interstate Universities for the purposes of study and teaching of anatomy.

Yes ☐ No ☐

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 at the discretion of The University of Melbourne ☐

Treating / Family Doctor details:

Name

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

Given names.

Relationship to you

Postal Address

<input type="text"/>
<input type="text" value="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

Given names.

Relationship to you

Postal Address

<input type="text"/>
<input type="text" value="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

<input type="text"/>

Postal Address

<input type="text"/>
<input type="text" value="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

Dated

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

Dated

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 your 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.

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