

Appendix 2

Centre for Learning Anatomical Sciences (CLAS)
Division of Medical Education
Mailpoint 845
Level B, South Academic Block
Southampton General Hospital, Tremona Road
Southampton, SO16 6YD



Tel. CLAS: 02380 592630

Human Tissue Act 2004 - Bequest Consent Form

Part A: To be completed by person making the donation. (Please complete in BLOCK CAPITALS)

Title _____ Surname _____

Forename(s) _____

Address _____

Postcode _____ Tel no _____

Date of birth ____/____/____ Religion/faith group (if applicable) _____

Email address (if applicable) _____

I WISH TO DONATE MY BODY AFTER MY DEATH. I UNDERSTAND THAT IT MAY BE USED FOR:

- ANATOMICAL EXAMINATION, EDUCATION OR TRAINING RELATING TO MEDICAL EDUCATION
- RESEARCH IN CONNECTION WITH THE FUNCTIONING OF THE HUMAN BODY

Please tick 1 or 2 as appropriate then 3:

1. ☐ I do not place a restriction on the length of time my body or body parts may be retained

2. ☐ No part of my body may be kept for more than 3 years.

AND

3. ☐ I consent to the use of images of my body or body parts. I understand that they will be used for education, training and research and that I will not be identifiable in these images.

I confirm that I have read and understood the information in the 'Donation of your Body for Anatomical Education, Education, Training and Research' booklet. I understand there is no guarantee my body will be accepted.

Signature of Donor _____ **Date** _____

Part B: Witness declaration (signature of next of kin, executor, GP, friend, etc)

I confirm that I have witnessed _____ completing PART A of this form.

Surname _____ Forename(s) _____

Address _____

_____ Postcode _____

Telephone number _____ Relationship to donor _____

Signature of Witness _____ **Date** _____

**SIGNATURES – TO BE SIGNED AND DATED BY BOTH DONOR AND WITNESS IN EACH OTHER'S PRESENCE
ON THE SAME DATE**

Part C: Preferences for burial or cremation after Anatomical Examination, Education, Training and Research is complete

Please indicate your choice by ticking in the relevant box

OPTION 1:

☐

University of Southampton to arrange the cremation with the return of the ashes to the next of kin or executor

OPTION 2

☐

University of Southampton to arrange the cremation and arrange for the ashes to be scattered in the garden of remembrance, Southampton crematorium

OPTION 3

☐

Next of Kin or Executor to arrange private funeral arrangements.
The University of Southampton will return the remains to the next of kin/executor.
All expenses involved in such arrangements will become the responsibility of the next of kin/executor.

In some instances, the Centre for Learning Anatomical Science (CLAS) are unable to accept a bequeathal. This can be for a number of reasons.

A referral to another institution may be attempted should we be unable to accept.
Any conveyancing costs* involved in this arrangement will become the responsibility of the next of kin/executor and the referral will also require later agreement with the next of kin.

Please tick this box if you **DO** want us to attempt a referral

☐

Please tick this box if you **DO NOT** want us to attempt a referral

☐

*Conveyancing costs will be discussed and agreed with next of kin/executor should a referral be appropriate

**Complete TWO copies of the form in full (both sides).
Keep ONE copy of the form, with the information booklet alongside your Will or legal/personal papers.
Return ONE copy to the Centre for Learning Anatomical Sciences (CLAS) using the address at the top of Appendix 2.**

By completing this form, you agree for your information to be retained on our secure database and agree to be contacted in the future in relation to your donation.