

Tel. CLAS: 02380 592630

## **Human Tissue Act 2004 – Bequeaths Consent Form**

### **Part A: To be completed by the person making the donation.**

(Please complete in BLOCK CAPITALS)

Title: \_\_\_\_\_ Surname/family name: \_\_\_\_\_

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 either 1 or 2:**

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.

**Please tick 3, if appropriate:**

3. ☐ I consent to the use of images of my body or body parts. I understand that they will be used for the purposes of education, training, research and publication 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 to the Centre for Learning Anatomical Sciences" Information Pack. I give my permission for parts of my medical history to be obtained and reviewed to assist the donation process but am aware that there is no guarantee that my body will be accepted.

**Signature of the donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Part B: To be completed by the witness to the above decision by the donor.**

I confirm I have witnessed \_\_\_\_\_ completing Part A of this form.

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel no.: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

**Signature of the 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 tick either 1, 2 or 3:**

1. ☐ University of Southampton to arrange the cremation with the return of the ashes to the next of kin or executor
  2. ☐ University of Southampton to arrange the cremation and arrange for the ashes to be scattered in the garden of remembrance at Southampton crematorium
  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.
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The Centre for Learning Anatomical Science is unable to guarantee that a donation will be accepted. This can be for a number of reasons as detailed in Appendix 1 of the “Donation of Your Body to the Centre for Learning Anatomical Sciences” Information Pack.

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 they will need to agree to this.

☐ 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.

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\*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 “Donation of Your Body to the Centre for Learning Anatomical Sciences” Information Pack and your will/legal papers.**

**Return ONE copy to the Centre for Learning Anatomical Sciences using the address at the top of the form (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 the donation.