

## CONSENT FORM

Human Tissue Act 2004

**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 \_\_\_\_\_

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

- 1. Anatomical examination**
- 2. Education or training relating to human health**
- 3. Research in connection with disorders, or the functioning, of the human body**

**Please tick this box** to indicate that you have read and understood the Bequest Information booklet that accompanies this form.

**Length of time that my body and parts of my body can be retained:**

**Please tick as appropriate**

*(please tick only ONE of options 1, 2 or 3):*

1.  My body and my body parts may be kept for as long as they are needed.

**or**

2.  My body may be kept for a maximum of 3 years only, but parts of my body may be kept for longer than 3 years.

**or**

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

**Imaging\***

Please tick this box if you consent to images of your body or body parts being taken and used for the purposes of education, training or research. On very rare occasions, these images may be shown in public (for example on television). You will not be identifiable in any images that may be taken.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please ensure the reverse of this form is also signed**

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

I confirm that I have witnessed \_\_\_\_\_(insert name of donor) completing PART A of this form.

Witness surname \_\_\_\_\_Forename(s)\_\_\_\_\_

Address \_\_\_\_\_

Postcode\_\_\_\_\_ Relationship to donor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete both forms. Return one to the University at the address on the front sheet of this form and keep the other with your Will or legal papers.**

**It would be helpful if you could let us know about the following aspects of your medical history. You do not have to answer these questions if you prefer not to.**

1. Do you have a pacemaker Y / N (please delete as appropriate)
2. Have you had any joints replaced? Y / N

If you have had one or more joints replaced, please list which ones here:

**\*FOOTNOTE**

The taking and displaying of images (including photographs, files and electronic images) is outside the scope of the Human Tissue Act 2004; however, the HTA endorses the guidance on images issued by the General Medical Council. For further information, please refer to the HTA's Codes of Practice, available at [www.hta.gov.uk](http://www.hta.gov.uk)