



THIS FORM IS SUPPLIED FOR THE CONVENIENCE OF DONORS AND IS IN NO WAY LEGALLY BINDING IF THE DONORS OR THEIR RELATIVES AT ANY TIME WISH TO ALTER OR REVOKE ANY PART THEREOF.

Please return the original copy of this form in the reply paid envelope enclosed, or:

Human Bequest Coordinator
Discipline of Anatomy
College of Medicine and Dentistry
James Cook University
Townsville QLD 4811

Donor Consent Form

PLEASE PRINT ALL INFORMATION CLEARLY

Surname: (Mr/Mrs/Miss/Ms/Dr) _____

Given Names: _____

Home Address: _____

Postal Address: _____

Email: _____

Date of Birth: ____/____/____

Telephone: Home: _____ Work: _____ Mobile: _____

Are you of Aboriginal or Torres Strait islander origin? Yes No Prefer not to say

It is my wish that my remains, after death, be made available to the Discipline of Anatomy and Pathology at James Cook University to be used in whatsoever way may be deemed most beneficial for the purposes of anatomical examination or in the study, research, and teaching (including digital resources) of anatomy.

I consent to my remains being retained indefinitely. I understand that I will be cremated and my ashes will be (please tick one box only):

- Scattered at the memorial garden at Woongarra Crematorium, or
- Returned to the next of kin. In the event that my NOK is uncontactable, my ashes are to be scattered at the memorial garden at Woongarra Crematorium.

I have discussed this decision with my next of kin. I understand that circumstances may make it impossible for the University to accept my offer.

Signed: _____

Date: _____



WITNESSES

Please ensure that your signature is witnessed by TWO people.

Witness 1:

Signed: _____ Date: _____

Full Name: _____

Address: _____

Witness 2:

Signed: _____ Date: _____

Full Name: _____

Address: _____

MEDICAL HISTORY

Current medical conditions:

Previous surgeries and medical conditions:

Next of Kin

The next of kin is responsible for contacting the Human Bequest Coordinator at the time of death. We recommend they be a spouse, relative, friend, neighbour etc. Generally, a solicitor or Public Trustee is not suitable as they are unlikely to notify JCU in a reasonable time.

I/We the undersigned SENIOR NEXT OF KIN of the above, have NO objection to his/her wishes as stated above. I have read through the Information form and understand how the Body Donation Program works. I am aware that circumstances may make it impossible for the University to accept the donation at time of death and I acknowledge that alternative arrangements may need to be made by the Donor's family.

1. Name: (Mr/Mrs/Miss/Ms/Dr) _____
Surname Given Names

Home Address: _____

Postal Address: _____

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Signed: _____ Relationship to Donor: _____

2. Name: (Mr/Mrs/Miss/Ms/Dr) _____
Surname Given Names

Home Address: _____

Postal Address: _____

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Signed: _____ Relationship to Donor: _____

A Thanksgiving Service is held regularly and relatives of those who have donated their bodies to medical science will be invited, together with members of the University staff and health students. Please indicate if you wish to be notified (*please tick one box only*):

- I wish to be notified of the University Thanksgiving Service
- I do not wish to be notified of the University Thanksgiving Service



College of Medicine & Dentistry

Telephone (07) 4781 5022

International +61 7 4781 5022

Email: humanbequest.coordinator@jcu.edu.au

AUTHORITY TO RELEASE

I, _____ of: _____
(NOK Name) (NOK Address)

(Address continued)

Being the senior available next of kin, authorise the following:

1. Consent for the release of medical information to assist in Human Bequest registrant screening process
2. Funeral Transfer Service nominated by James Cook University collection and transfer of:

The late _____
(name of Deceased Donor)

From: _____
(to be completed at time of death)

To: Discipline of Anatomy, College of Medicine & Dentistry, James Cook University, Townsville.

NOK Signed: _____

NOK Print Name: _____

NOK Relationship to Deceased: _____

Please have your next of kin (NOK) complete this 'Authority to Release' form (leaving the 'from' section BLANK). We require this form to be on file with the consent form at the time of registration as this is often difficult for the next of kin to complete at the time of the donor's passing, and is required for transfer.