



**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

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### 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: \_\_\_\_\_

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## MEDICAL HISTORY

### Current medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous surgeries and medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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.*