

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 (JCU) and it is 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 meaning that there is no specific time for the return, but that it will occur as soon as possible after my body has been used for the purpose for which it was donated. I understand that some parts of my body may be retained for teaching and/or research; and/or cremated separately.

I understand that my anonymity will be maintained whilst I am in the James Cook University Human Bequest Program and understand that my remains may be used in other JCU Schools of Anatomy following due processes laid down by regulatory authorities.

I understand that I will be cremated via closed cremation at the expense of James Cook University, all cremation expenses will be paid by JCU, and I have selected the following option for my ashes to be (please tick one box only):

☐ Scattered at Woongarra Crematorium, or

☐ Returned to the next of kin within Australia. If my Next of Kin is uncontactable, my ashes are to be scattered 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: _____

Human Bequest Program

Telephone (07) 4781 5022

International +61 7 4781 5022

Email: humanbequest.coordinator@jcu.edu.au

MEDICAL HISTORY

Current medical conditions:

Previous surgeries and medical conditions:

Next of Kin

I/We the undersigned NEXT OF KIN of the donor, have NO objection to his/her wishes as stated above. I/We have read through the Information form and understand how the JCU Human Bequest Program works. I/We are 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 at the NOKs expense.

Senior next of kin (please select from the following)

- ☐ Next of kin - family member *or if unavailable*.
- ☐ Nominated contact for JCU School of Anatomy

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

Home Address: _____

Postal Address: _____

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Signed: _____ Relationship to Donor: _____

Next of kin (please select from the following)

- ☐ Next of kin - family member *or if unavailable*.
- ☐ Nominated contact for JCU School of Anatomy

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

Home Address: _____

Postal Address: _____

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Signed: _____ Relationship to Donor: _____

The JCU Thanksgiving Service is a memorial service held regularly to honour those who have donated their body to the HJCU Human Bequest Program. Next of kin and/or nominated contacts are invited, together with members of the University community. Please indicate if you do not wish to be notified:

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

AUTHORITY TO RELEASE

I, _____
(Next of kin or nominated contact name)

of: _____
(Next of kin or nominated contact address)

Being the senior available next of kin or nominated contact, 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: _____
(LEAVE BLANK - to be completed at time of death)

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

Next of kin or nominated contact name : _____

Next of kin or nominated contact relationship to deceased: _____

Next of kin or nominated contact signature: _____ Date: _____

Please have your next of kin or nominated contact complete this 'Authority to Release' form (leaving the 'from' section BLANK). We retain this form on file for use if required for suitability screening and transportation arrangements.