

## Human Tissue Act 2004

### BEQUEST CONSENT FORM—UoBANAT1

**Part A: To be completed by person making donation** (Please complete in BLOCK CAPITALS)

Title \_\_\_\_\_ Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone No \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Religion (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 HUMAN HEALTH**
- **RESEARCH IN CONNECTION WITH DISORDERS, OR THE FUNCTIONING OF THE HUMAN BODY**

**Please tick one option as appropriate:**

1  I place no restriction on the length of time my body can be retained by the institute that receives my body. \* **OR**

2  I wish for my body to be retained for a maximum of 3 years.\*

*\*In certain circumstances your body may be used within a month of arrival.*

**Please tick one option as appropriate:**

a)  I give permission for my body parts to be retained after my body has been cremated.

b)  No parts of my body may be retained when my body has been cremated.

I confirm that I have read and understand the information contained in 'Donating Your Body to the University of Bristol' information booklet. This information details how my body may be used, including the creation and use of images. I have had the opportunity to raise any concerns or objections. I understand that there is no guarantee that my body will be accepted.

By completing this form, you agree for your information to be retained in our secure database. Your details will not be shared with third parties, unless it is necessary as part of our bequest enquiry or acceptance processes. Personal data will be securely deleted when the information held is no longer needed as part of the bequest process.

**Signature of Donor** \_\_\_\_\_ **Date** \_\_\_\_\_

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

I confirm that I have witnessed the person named above completing part A of this form

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone number \_\_\_\_\_ Relationship to donor \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete both copies of the form in full. Keep one copy of the form with your Will or legal papers. Return one copy to the Bequest Office, School of Anatomy at the above address.**