

Anatomical Bequest Form



Anatomy, School of Medicine
National University of Ireland, Galway
091-492180
email: anatomy@nuigalway.ie

- ✓ I wish to donate my body after death to Anatomy, School of Medicine, NUI Galway.

- ✓ I understand that my body may be used for any or all of the following purposes:

Anatomical Examination this term describes the teaching of the structures and functions of the human body to students or healthcare professionals;

Research this term describes scientific studies which improve the understanding of the human body and scientific studies that develop and test novel medical technologies or devices that will enhance the quality of life of others,

Education and Training these terms describe the training of healthcare professionals, usually those learning surgical techniques, as opposed to anatomical examination.

Anatomical donation is an important aspect of healthcare training.

Donated bodies are retained for a period of up to three years before release to next-of-kin.

In certain circumstances body donations may not be accepted.

DONOR

First Name	Middle Name	Family Name
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Donor's Home Address

Telephone number	Email
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Date of Birth	Marital Status
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Occupation is/was	Religion
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Please indicate where you choose to be buried:
 University Plot, Bohermore, Galway:
 Your own funeral Directors: your own coffin
 Family Plot (please state place): _____
 Cremation:

Donor's Signature: _____
 Date signed:

WITNESSES

The Donor has signed this Authorisation Form for Anatomical Donation, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We state that the Donor is at least eighteen years of age and appears to be of sound mind and is not under, or subject to, undue influence. We further state that we are at least eighteen years of age.

Witness 1

Name (Please Print)	Signature
	Date signed
Telephone number	Mobile telephone number
Email	Relationship to Donor

Address

Witness 2

Name (Please Print)	Signature
	Date signed
Telephone number	Mobile telephone number
Email	Relationship to Donor

Address

Additional contacts

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NEXT OF KIN INFORMATION

Name (Please Print)	
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Telephone number	Mobile telephone number
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Email	Relationship to Donor
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Address

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Solicitor

Name (Please Print)

Telephone number	Mobile telephone number
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Email	
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Address

General practitioner

Name (Please Print)

Telephone number	Mobile telephone number
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Email	
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Address

Current Anatomy legislation permits retention of a donated body Anatomy for a period of up to three years, after which time the donor's remains will be released according to their stated wishes.

Extended retention of your organs or tissue indefinitely for teaching or research purposes is allowed only *if you have specifically consented to this*.

With this in mind, please consider the following questions

1.

(Please tick appropriate box)

I consent to the extended retention of parts of my body

OR

I do not wish retention of parts of my body beyond the 3 year stipulation of the Anatomy Act

2.

(Please tick appropriate box)

I consent to the use of images derived from my unidentifiable body or body parts

OR

I do not consent to the use of images of my body or body parts

Please note that choosing not to consent to these requests will not affect your wish to donate your body for a period of up to three years.

DONOR MEDICAL HISTORY FORM

Listed below are common medical conditions. If you either suffer from or have suffered in the past from any of these conditions, put an 'x' in the box by the condition listed.

CONDITION	CONDITION
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Lung Problems
<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Prostate Cancer	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Skin Cancer	<input type="checkbox"/> Dental Problems
<input type="checkbox"/> Other Cancer	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Heart Bypass surgery	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Heart Balloon Surgery	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Stroke	<input type="checkbox"/> Measles
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Mumps
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Joint replacement
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Medical device implant
<input type="checkbox"/> HIV	<input type="checkbox"/> MRSA
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Creutzfeldt-Jacob disease
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Other (please specify)

Please list any Surgeries you have had in the space below:

Thank you for completing this form. The information you have given us will be treated with the strictest confidence. This information is to help give students a greater understanding of the human body and how it deals with common medical conditions. Please detach and return completed forms to:

Anatomical Donor Program
Anatomy, School of Medicine
NUI Galway
University Road
Galway