

WESTERN SYDNEY UNIVERSITY



DONOR CONSENT FORM

Body Donor Program

Please complete all pages in this Donor Consent Form, return the original to the Body Donor Program and retain a duplicate copy for your own records. The University will acknowledge receipt of your paperwork.

It is important that you read the Body donor Program Information Sheet before you complete this Donor Consent Form, found on our website here: <https://www.westernsydney.edu.au/body-donor-program>

This Donor Consent Form must also be signed by your next of kin. It is suggested that you indicate in your will and inform your executor and medical practitioner of your wish to donate your body to Western Sydney University.

If any of your personal details change, please ensure Western Sydney University is advised.

An adult (18 years and over) may apply to become a prospective body donor provided that they reside within eighty (80) kilometres of Western Sydney University – Campbelltown Campus. If accepted, your body will be retained for the teaching, study, examination, and investigation of human anatomy for a period that may extend for up to eight (8) years. Following this, Western Sydney University will attend to the subsequent cremation of your body at a time and place of its choice. Notwithstanding the above, in some instances, Western Sydney University may choose to retain a tissue sample or selected body part, or parts indefinitely for anatomical examination and teaching purposes.

At the time of death Western Sydney University may sometimes be unable to accept a body for various reasons, for example, if death is due to accident or transmissible disease or an autopsy is required. Accordingly, Western Sydney University reserves the right to decline to accept a body in certain circumstances as set out in the Body Donor Program Information Sheet. In such an eventuality your next of kin or executor will be notified of the need for other arrangements to be made.

Please Note: Only Registered Donors, being donors who have completed this Donor Consent Form and accepted by the University of Western Sydney, will be accepted at the time of death.

SCOPE AND TERMS OF CONSENT – DONOR:

I, (Donor)

Family Name: (Mr/Mrs/Miss/Dr etc)
Given names:
Address:
Telephone:
Email address:
Date of birth:

Hereby consent to:

- (a) The retention of my body (including tissue samples or selected body parts hereafter referred to as My Donated Body, Body Parts or Tissue Samples) after my death (and in some instances indefinitely), for the purpose of teaching, study, examination and investigation of human anatomy, under the Human Tissue Act 1983;
- (b) To allow Western Sydney University to transfer My Donated Body, Body Parts or Tissue Samples to another School of Medicine or teaching institution in Australia;
- (c) My treating doctor supplying the School of Medicine whatever medical information they may require.

I further consent to the cremation of my remains at a time and place to be arranged by Western Sydney University.

I direct that my ashes be (choose one)

- Returned to my senior next of kin **OR**
- Executor **OR**
- Scattered at the discretion of Western Sydney University

Do you wish your relatives to be notified when cremation has taken place?

- Yes
- No

If yes, please provide the following information:

Name:
Address:
Mobile No:

Treating/Family Doctor name:
Address:
Telephone number:
Email address:

I acknowledge that I have read and agree with the information contained on the Donor Consent Form and on the Body Donor Information Sheet.

Signature of donor:

Date:

Next of kin / Executor

Family name:
Given names:
Address:
Telephone number:
Email:

I agree with the information contained on this Donor Consent Form and on the Body Donor Information Sheet.

Signature of senior available next of kin / executor:

Date:

Information in this section will be used to complete paperwork with the Registry of Births, Deaths and Marriages and entitle your next of kin / executor to a Death Certificate.

Donor's Information:

Usual occupation during working life (if applicable):
Main tasks usually performed in that occupation:
Sex M/F:
Place of birth (Town, State, Country):

Are you of Aboriginal or Torres Strait Islander origin?

If not born in Australia, year of arrival:

If you receive a pension, please indicate what type:

- Widow
- Veteran
- Aged
- Invalid (disability)
- Unknown
- None

Donor's marital status – what is your current marital status?

- Married
- Widowed
- Divorced
- Never married
- De Facto

Donor's marriage / De Facto details – **Current**

Where (place):

Your age at time of marriage:

To whom – spouses family name at date of marriage:

Other name(s):

Spouses family name at birth:

Donor's marriage / De Facto details – **Previous:**

Where (place):

Your age at time of marriage:

To whom – spouses family name at date of marriage:

Other name(s):

Spouses family name at birth:

If more than one previous marriage / de facto relationship, please write similar details on a separate sheet.

Children – All children (born alive), in order of birth (if now deceased, please write 'D' instead of date of birth)

Name	Gender	Date of birth

If there are more children, please write similar details on a separate sheet.

Parents:

Father's name (family name):
Other name(s):
Usual occupation during working life:
Main tasks performed during that occupation:
Mother's name (maiden family name):
Other name(s):
Usual occupation during working life:
Main tasks performed in that occupation:

Medical History:

Have you been diagnosed with any of these notifiable diseases?

HIV, AIDS Yes No

Hepatitis (B and C) Yes No

Did you reside in the United Kingdom between January 1, 1980 and December 31, 1996 for a total cumulative period of 6 months or more? Yes No

Did you receive a blood transfusion whilst in the United Kingdom between January 1, 1980 and December 31, 1996?

Yes No

Do you have a pacemaker (or any other battery powered device) attached to your body? (please give details)

List any surgical procedures you have had performed in the past

List any broken bones sustained in the past

Have you, or do you suffer from:

Arthritis Yes No

Cancer Yes No

If yes, what type of cancer?

List any other illness leading to change in the body

Western Sydney University is grateful to you for your generosity and your unique contribution to the advancement of medicine, allied health, and medical sciences. Dignity, respect, and anonymity are accorded the deceased during and after anatomical studies.

The information you have provided is required in administering your donation to the Body Donor Program. The University must comply with the Federal Privacy Act of 1988 when collecting, using or handling personal or health information. The University may disclose your personal information to other agencies / people responsible for the care of the deceased, such as The Registry of Births, Deaths and Marriages.

At the completion of this form, obtain signatures and scan the completed documents to bodydonorprogram@westernsydney.edu.au

Or return via post to the address below.

School of Medicine
Body Donor Program
Western Sydney University
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Westernsydney.edu.au