

CONSENT FORM

You **must** have your spouse, executor or registered partner acknowledge they have read the following section (items 1-9) of the consent form. All forms should be returned to UBC via the address below.

1. I have read and understand the UBC Body Donation pamphlet including the section on the Body Donation Program, the Body Donation Process and the frequently asked questions section provided to me by the Faculty of Medicine at UBC.
2. A donated body may be tested for Hepatitis B, Hepatitis C, and HIV upon receipt in the Program. The results of these tests will not be disclosed to the donor's designated executor but may be reported to the BC Provincial Health Officer.
3. The donated remains may be preserved by the program or may be used in an unembalmed state.
4. The donated remains may be dissected, examined, studied, preserved for an extended period of time and may be used for more than one purpose.
5. Parts of the body such as organs or limbs may be removed and separated from the whole body. Bodily fluids and tissues may be analyzed and destroyed.
6. A donated body and or part of a body may be provided to educators, students, researchers or others at other University of British Columbia campuses as well as to other educational institutions, researchers, non profit entities and for profit entities.
7. When making a donation, donors, survivors, executors and/or responsible parties cannot designate the uses to which the body will be put.
8. If the donor is located outside of the Greater Vancouver Regional District (GVRD) the executor or estate of the donor is responsible for the transportation charges to the GVRD.
9. The University of British Columbia reserves the right to decide whether or not to proceed with the donation of the body.

I have read and fully understand the policies set forth in this document as the legally responsible partner under this section for _____ (name of donor).

Initials _____

MEDICAL INFORMATION

Physician Name: _____

Phone #: _____

Height: _____ (cm) **Weight:** _____ (kg)

Surgical History: Knee Hip Shoulder Spine / other joint specific

Hysterectomy Prostatectomy Other Major Surgery (please specify)

Participant in imaging study (CT, MRI, etc.): ""No "Yes (please specify)

Additional health information including illnesses, surgeries or accidents: _____

I have informed the following person(s) of my wish to donate my body (please indicate the relationship of each person):

1. _____
(Name) (Relationship to Donor)

2. _____
(Name) (Relationship to Donor)

Please complete the following two items:

I give permission to the University to retain my body **indefinitely** if it is required for educational and/or scientific purposes.

Yes _____ **No** _____

All donors must appoint an executor or next-of-kin to carry out disposition of the cremated remains. The name of the executor or next-of-kin to carry out the disposition of remains after cremation is:

Name: _____ **Phone #:** _____

Address: _____ **Relationship to Donor:** _____

DONOR CONSENT

It is my wish that, after my death, my body be offered to the Faculty of Medicine at the University of British Columbia, to be used for educational and/or scientific purposes (generally for a period of two to three years).

Name: _____
(First) (Middle) (Surname)

Address: _____

Date of Birth: _____ **Province or Country of Birth:** _____ **Phone #:** _____

Signed: _____ **Date:** _____

Witness: _____

Please return one signed consent form to:
The University of British Columbia
Department of Cellular and Physiological Sciences
Life Sciences Centre, 2350 Health Sciences Mall
Vancouver, British Columbia V6T 1Z3
Tel: 604-822-2578 Fax: 604-827-4209

Please notify your physician or next-of-kin that they should telephone the Body Donation Program at 604-822-2578 as soon as possible after your death, preferably within 24 hours. During evenings and weekends, please contact Mount Pleasant Funeral Home at 604-876-2161.