



## **Keele University School of Medicine Bequeathal for Anatomical Examination Human Tissue Act 2004**

### **General Consent Information**

The University has a continuing requirement for human bodies for the purposes of teaching, training and research in medicine and science and is greatly indebted to the public-spirited individuals who bequeath their bodies in this way. The Anatomy Facility at Keele University School of Medicine is Licensed under the Human Tissue Act (2004) and regulated by the HTA (Human Tissue Authority) to carry out such procedures.

Under the Human Tissue Act, written and witnessed consent for anatomical examination must be given prior to death; consent cannot be given by anyone else after your death.

If you are registered for organ donation and they then decide to use your organs for donation, with the exception of cornea donation, you would unfortunately not be suitable to be considered for acceptance at Keele.

### **Guidance for Donor giving Consent**

Thank you for expressing your wish to donate your body to Keele University School of Medicine, your generous action is greatly appreciated. In order to bequeath your body for anatomical examination you must fill in and sign the enclosed forms in duplicate, in the presence of a witness. Return one copy (**KEELE COPY**) to the address below.

Bequeathals Office  
Anatomy Facility  
School of Medicine  
Keele University  
Staffordshire  
ST5 5BG

Keep this document (**DONOR COPY**) with your will or personal papers. It is advisable to inform your relatives, executor and doctor of your intention. You are able to withdraw consent at any time. If you decide you no longer wish to donate your body, please contact the Bequeathals Office to request removal of your name from our files.

### **How we will use personal data**

Keele University will be the data controller responsible for looking after and processing the personal data we collect via the 'Consent Form'. We will process this data to administer your donation request as part of the University's public task to provide teaching, learning and research facilities, and as part of our license from the Human Tissue Authority. This data will be stored on a secure database on the University's computer servers and will not be shared with any other organisation unless we are required to do so by law.

We will keep this data in accordance with the directives of the General Data Protection Regulations (GDPR).

If we are unable to accept a donation or you withdraw your donation, we will delete the information accordingly.

You have a number of rights with respect to how we process your personal data. More information on these rights is available from the Information Commissioners Office (ICO) at [www.ico.org.uk](http://www.ico.org.uk), and on the University website at <https://www.keele.ac.uk/informationgovernance/>. For any queries regarding the bequest process please contact the Anatomy Office (telephone 01782 734690 or 01782 733936). If you have concerns regarding how we deal with your data please contact the Data Protection Officer at [governance.dpo@keele.ac.uk](mailto:governance.dpo@keele.ac.uk)

### **Guidance for Next of Kin/Executors**

Your executor or next of kin should telephone the medical school as soon as possible after the death occurs. In the first instance, please telephone the School of Medicine on 01782 734690 or 733936. If the

bequest is accepted (and it may not be possible to do so) the undertaker employed by the medical school will be instructed to make all the arrangements for removal. The death must be registered with the local Registrar from whom a Certificate of Burial or Cremation and a copy of the Certificate of Registration of Death, should be obtained.

If you need to call out of office hours to inform us of the bereavement, please contact: C.McGough & Son, Funeral Directors on 01782 834300 who will offer you advice and assistance.

If the body lies in a hospital he/she should be held under refrigerated conditions in the hospital mortuary until the office re-opens and can deal with the donation. The maximum time for holding is dependent on the refrigeration. If the body is at home or at a nursing home it should be removed to a Chapel of Rest by an undertaker, and held under refrigerated conditions if possible. If no refrigeration is available the maximum time for such storage is about three days. It is important for the relatives to understand that any transport and costs of undertakers other than the university contracted undertaker (listed above) must be borne by the next of kin or the donor's estate. Further information for next of kin or executors is provided on a separate sheet (Form KF005).

During the major public holidays at Christmas through to New Year and Easter weekend the School of Medicine is closed, and may not be able to accept bodies. During these times, next of kin are advised to make arrangements for a funeral.

### **Anatomical Examination, Training and Research in connection with disorders, or the functioning, of the human body.**

The HTA Licensed institution that receives the body is responsible for its preservation (usually by embalming or refrigeration), secure and confidential storage, and examination until such time as cremation or burial is required.

Respectful use for education, training and medical research in connection with disorders, or the functioning, of the human body, which may occur over one to several years, is overseen by qualified staff working under the licence.

We work with external course providers that use donated material. This is only for approved courses where a medical benefit to society can be demonstrated. These courses are run by highly specialised Surgeons, Physicians and other Medical professionals to improve operations and procedures.

We also work in collaboration with other Medical Schools in the West Midlands and Wales to ensure the benefit of the donations throughout the area where our donors reside.

In both instances, fees are charged to course providers and other Medical Schools to cover transportation, administration and preparation costs.

### **Final Procedures**

At the completion of the anatomical examination the body and any removed parts (except for those with your permission for retention) are re-united and laid to rest in accordance with your wishes. The School of Medicine pays for a standard, dignified funeral service and cremation, local to the University. However, at the time at which the donation of your body is accepted, the next of kin or executors may request that there should be a private burial or cremation. In such circumstances all expenses involved in such arrangements become the responsibility of the next of kin or executors.

Consented retained body parts may at a later date be disposed of in a dignified manner in accordance with the codes of practice of the Human Tissue Authority.

### **Guidance for Donors completing these consent forms (Please read this section carefully as it explains what you may give consent for in Options 1-4 and preferences for Option 5).**

**Length of Time (Options 1 & 2):** There is no legal limit on the length of time a donated body can be used by the receiving institution, although in practice a body is usually kept from 1-3 years. However, if you wish to restrict the time that your body is used, you have an opportunity to do so in Section 2 of the consent form.

**Body Parts (Options 1 & 2):** The University finds it very valuable to retain for a longer period, organs or parts of the body for continued study and examination, if permission for this has been granted.

**Images (Option 3):** It may be useful for the receiving institution to prepare images of parts of your body for teaching, training or research in connection with disorders, or the functioning, of the human body. You are assured that if consent is given to prepare images you will not be identifiable in these images.

**Consent to be used at other UK Medical Schools & Surgical Training (Option 4):** We also work in collaboration with other UK Medical Schools & Surgical Training centres to ensure that the donations have maximum benefit.

**Funeral Arrangements (Option 5):** Please read the above section 'Final Procedures' and indicate your preference. Alternatively, you may leave this option blank for relatives or executors to decide at the time if your body is accepted.

**Holders of organ donor cards:** If you carry a donor card, you can still bequeath your body. However, if your organs are removed for transplantation at the time of death this would preclude acceptance of the bequeathal. However, you can donate the corneas of your eyes and still donate your body.

**Important:** Please ensure the form is signed and dated in the presence of your witness otherwise it will not provide valid consent for acceptance of your body for Anatomical Examination, Education, Training and Research. **Please ensure that the dates of both signatures are the same.**

#### **Restrictions on Acceptance of Bequeathals**

**No guarantee can be given that a bequest will be accepted.** Among other considerations, the cause of death itself, a post mortem examination, or the removal of organs for transplantation could have made the body unsuitable for anatomical examination, the object of which is the study of the normal structure of the body. If the donation cannot be accepted, responsibility for burial or cremation rests with the next of kin/executors. There is no upper age limit for donating a body.

Although not absolute, the following is a **GUIDE** to some reasons for *not* accepting a bequest, but it is always advisable to contact the Anatomy staff (telephone 01782 734690 or 01782 733936) in any case who will be able to make the final decision.

#### **A) Situations in which acceptance is unlikely:**

1. **Post mortem examination:**
2. **Transmissible disease:** for example, Hepatitis, HIV, Septicaemia, Tuberculosis (T.B), COVID.  
(Note: Blood and swab tests will be carried out to determine any infection)
3. **Non-Senile Dementia/Alzheimer's:** of possible infective origin
4. **Jaundice:** of infective origin.
5. **Ascites. (Not acceptable).**
6. **Acute or Chronic Renal failure.**

#### **B) Situations which if severe or multiple may be a cause for non acceptance:**

1. **MS (Multiple Sclerosis):** (If you wish to donate your brain for research into MS please contact the MS Tissue Bank on 020 8846 7324)
2. **Artificial Stoma:** for example, ileostomy, colostomy, gastrostomy.
3. **Bedsores or varicose ulcers:** the Doctor or Nurse will be asked about the state of the donor's skin, and in particular about the presence, amount and severity of bedsores.
4. **Peripheral vascular disease:** severe vascular disease of the limbs and severe diabetes with evidence of vascular disease would be unacceptable.
5. **Widespread cancer:**
6. **Peripheral oedema:** severe cases
7. **Amputation:** of a major segment of one or more limbs.
8. **Arthritic deformity:** severe deformity of joints and spine.
9. **Excessive weight or height:**
10. **Organs donated for transplantation: (see above)** however you can donate the corneas of your eyes and still donate your body for anatomical examination. For a donor card please contact the Organ Donor Register on 0300 123 2323, or Moorfield's Eye Bank on 020 7253 1199.

**If the body is not suitable for anatomical examination the relatives or executors will be informed as soon as possible so they may make funeral arrangements.**

**Designated Individual**

**Updated; April, 2021**



**Human Tissue Act 2004**

**Part A: to be completed by person making donation**

**Please complete in BLOCK CAPITALS**

Title \_\_\_\_\_ Surname/family name \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel no \_\_\_\_\_ Date of birth \_\_\_\_\_

Religion/faith group (if applicable) \_\_\_\_\_ Email: \_\_\_\_\_

- **I WISH TO DONATE MY BODY AFTER MY DEATH. I UNDERSTAND THAT IT MAY BE USED FOR ANATOMICAL EXAMINATION, EDUCATION, TRAINING AND RESEARCH IN CONNECTION WITH DISORDERS, OR THE FUNCTIONING, OF THE HUMAN BODY.**

**Please tick below as appropriate**

1.  **I do not place any restrictions on the length of time that my body or body parts may be retained (if you tick this box, go straight to option 3, if not proceed to option 2).**

**For option 2, please select either a. or b. then proceed to option 3.**

2. **My body can be retained for a maximum of 3 years only.**

a.  Parts of my body may be retained for longer than 3 years

**OR**

b.  No part of my body may be kept for more than 3 years

3.  **I consent to the use of images of my body or body parts. I understand that they will be used for education, training and research in connection with disorders, or the functioning, of the human body and that I will not be identifiable in these images.**

4.  **I consent for my body to be used at other UK Medical Schools & Surgical Training Centres for anatomical examination, education, training and research in connection with disorders, or the functioning, of the human body.**

5. **Please indicate your preferred funeral arrangements:**

a.  **University arranged cremation**

Inform a relative or other person?  YES  NO

For your ashes to be:  Buried at the Garden of Rest?  Sent to a relative?

Relative name and telephone number (if applicable) \_\_\_\_\_

b.  **Cremation or burial arrangements to be made by next of kin or executors**

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

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

I confirm that I have witnessed \_\_\_\_\_ (insert name of donor) completing part A of this form including their signature

Witness Surname/family name \_\_\_\_\_ Forename(s) \_\_\_\_\_

Witness Address \_\_\_\_\_

Postcode \_\_\_\_\_ Relationship to donor \_\_\_\_\_

**I confirm that I have read and understand the information contained in this Keele bequest booklet.**

**I understand that there is no guarantee that my body will be accepted.**

**I understand that my data will be stored.**

**At the time of my death I consent to information from my medical history being provided to Keele Medical School staff and to allow them to carry out blood & swab tests for transmissible diseases to help ascertain the suitability of my body for acceptance.**

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

**Please ensure that the dates are the same for both the donor and witness**

**Please complete this form and Form KF004b. Keep this form with your legal papers and return KF004b (Keele copy) in the enclosed envelope.**