



**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 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**

I confirm that I have read and understand the information contained in the 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 to 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)**

**WITNESS TO COMPLETE PART 'B' ON PAGE 2.**

**TO BE COMPLETED BY THE WITNESS**

**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 \_\_\_\_\_

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

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

- 1. Please complete this form (KEELE COPY), including parts A, B & C, and return it in the enclosed envelope.**
- 2. Complete Form KF003 the Bequest booklet (DONOR COPY) and retain that with your legal papers.**

**DONOR TO COMPLETE PART 'C' ON PAGE 3**

**PART C**

**At the time of your death we have to make enquiries with medical professionals to ascertain your medical history to assess your suitability for donation. To ensure that we are able to make a decision as soon as possible, it would assist us if you could please complete the following details as far as possible.**

**Name:**

*Please give a summary of any serious illness, injuries or operations you have had, giving the approximate dates of your treatment.*

*Do you have a Pacemaker fitted?*

*(Females only) Have you had a hysterectomy?*

Please note that changes in your medical history after your decision to donate will be obtained by staff.

**A decision on whether you are suitable to be accepted can only be made at the time of death.**

**When completed please return this form in the enclosed envelope. Please ensure that all sections of this form have been signed and witnessed and that the dates are the same before you return it.**

**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)