

Human Tissue Act 2004

BEQUEST FORM – UoBANAT1

Part A: To be completed by person making donation

Please complete in BLOCK CAPITALS

Title.....Surname.....Forename(s).....
Address.....
.....
Postcode.....Telephone No:.....
Date of Birth.....Religion (if applicable).....

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

Please tick Option 1, 2, 2a as appropriate

- 1 There is no restriction on the length of time a donated body can be used by us. This gives us the maximum possible use of your body for the three purposes.
- 2 Your body may be retained by us for a maximum of three years*. No body parts will be retained.
- 2a Your body may be retained by us for a maximum of three years and your body parts may be retained for continued study anatomical examination, education, training and research*

**In certain circumstances your body may be used within a month of arrival.*

I confirm that I have read and understand the information contained in 'Donating Your Body to the University of Bristol' information booklet.

Signature of Donor.....Date.....

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

I confirm that I have witnessed.....completing Part A of this form
(insert name of donor)

Surname/family name.....Forename(s).....

Address.....

.....Postcode.....Relationship to donor.....

Signature of Witness.....Date.....

Complete both copies of the form in full.

Return one copy to the Bequest Office, Centre for Comparative and Clinical Anatomy, University of Bristol, Southwell Street, Bristol, BS2 8EJ. Keep one copy of the form with your Will or legal papers.