

**Human Tissue Act 2004**

**Authorisation for use of a body for anatomical examination, education,  
training and research**

**The deceased**

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

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

Address \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Sex \_\_\_\_\_ Marital status \_\_\_\_\_ Date of birth \_\_\_\_\_

Religion/faith group (if applicable) \_\_\_\_\_ Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

The deceased made a request in writing, which I have no reason to believe was withdrawn.

A copy of the written consent is attached.

or

I have confirmed with the receiving institution that they hold a copy of the written consent.

**Grounds for use of body and parts of body**

**The deceased consented to:**

1.  No restrictions being placed on the length of time for which his/her body or body parts may be retained.

For option 2, please select either (a) or (b).

2. His/her body being retained for a maximum of 3 years only.

(a)  Parts of his/her body being retained for longer than 3 years.

(b)  No part of his/her body being kept for more than 3 years.

**If you have ticked statements 1 or 2(a) above, please answer the following questions.**

Do you want to be notified if parts are retained? Yes  No

If parts are retained, do you want to be notified **if** they are eventually cremated (this could be many years)? Yes  No

3.  Images derived from his/her unidentifiable body or body parts being taken and used for the purposes of education, training and research.

**Instructions on the disposal of the donated body at the completion of general anatomical examination**

Do you wish:

(a) Cremation with arrangements and expenses by the Medical School Yes

**or**

(b) Private funeral arrangements and expenses by next of kin/executor Yes

**NB** If you would like other funeral arrangements (e.g. burial), this may be possible in consultation with the Bequeathal Office. However, please note that this will incur costs that will have to be met by the next of kin/executor. Please contact the Anatomy Office on (0115) 823 0143 for further details.

*If you have ticked (a) or (b) above please answer ALL the following questions and tick relevant box:*

Do you wish to attend the service at cremation? Yes  No

Would you like to take possession of the ashes? Yes  No

If you have ticked "No" to both the questions above, would you like to be informed **after** the cremation has taken place? Yes  No

**Details of next of kin or executor**

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

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

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send the completed form, together with the:

- **Green Certificate** (Certificate of Burial or Cremation);
- **copy of the death certificate** (a photocopy is acceptable); and
- **copy of the deceased's consent** (where applicable)

**without delay** to: The Designated Individual (Anatomy)  
School of Biomedical Sciences  
Medical School  
Queen's Medical Centre  
Nottingham  
NG7 2UH