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UNIT OF ALLIED SCIENCES
INSTITUTE OF INDIGENOUS MEDICINE
RAJAGIRIYA SRI LANKA
UNIVERSITY OF COLOMBO

Consent Form for Body Donation

Particulars of the donor

1.1 Name in full:

.....

1.2 Address:

.....

1.3 NIC No :

1.4 Age:

1.5 Contact numbers: 1 2

1.6 Sex : Male / Female

1.7 Details of any surgical treatment undertaken:

.....

.....

1.8 Are you suffering from any following illnesses

(a) Cancer (c)Hepatitis (f) Diabetes

(b) Meningitis (d)HIV/AIDS

(c) Tuberculosis (e)Eczema/Rash

(g) If any other major illnesses please specify :

Particulars of the next of kin

2.1 Name in full:

.....

2.2 Address:

.....

2.3 NIC No. :

.....

2.4 Relationship to the donor:

.....

2.5 Contact numbers : 1

2

I do hereby give my consent to donate my body upon my death, to the Unit of Allied Sciences, Institute of Indigenous Medicine, University of Colombo to be used for the purpose of medical education and medical research.

Following donation, I do hereby give my consent to act according to the body donation instructions given by the Unit of Allied Sciences, Institute of Indigenous Medicine, and University of Colombo

Yours faithfully,

.....

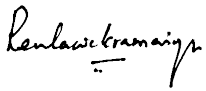
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Signature of the donor

Date

Note: -

- Copy of the consent form of the donor must be kept with the next of kin/guardian and should be produced to the department with the body.
- Though the registration had been done as a donor, unless the instructions are fulfilled, the body will not be accepted.
- Eyes can be donated to the Eye Donation Society before donation of the body.
- Registration in the department is not an essential requirement for body donation.



Dr. (Mrs) M.R.M. Wickramasinghe

Senior Lecturer Grade I

Head/Unit of Allied Sciences

Institute of Indigenous Medicine

University of Colombo

Rajagiriya