

For official use



**FORM FOR HANDING OVER OF DEAD BODIES
FOR MEDICAL EDUCATION AND RESEARCH
Department of Anatomy, Faculty of Medicine,
Uva Wellassa University**

Body No:

The body of Rev./ Mr./ Mrs./ Miss.....

Bearing Death Certificate, No:

Was donated to The Department of Anatomy, Faculty of Medicine, Uva Wellassa University

On For Medical education and research purposes.

(1) Donated By (Next of kin)

1. Name (Rev./ Mr./ Mrs./Miss)

ID number

Signature

Date:

(2) Donated by (Witness):

Name (Rev./ Mr./ Mrs./Miss)

ID number

Signature

Date

(3) Taken over by

Name (Mr./ Mrs./Miss):

Designation:

Signature

Date