



**CONSENT FORM- 01 –
For Donations to Be Taken Effect Upon Death
(When a Person Gives Consent Before Death)
(Sections 2, 3, and 4 of Act No. 48 of 1987)**

Donation of a dead body

Donee - to the Department of Anatomy, Uva Wellassa University

Purpose - for Medical Education and Research

(1) Particulars of the Donor

1. Name in Full :
2. Date of Birth. :..... 3. Age (should be more than 21 years):
4. Address :
5. Telephone No : 6. National ID No :

(2) Past history of the Donor

1. Are you suffering from the following
 - a) HIV : Yes/No b) Hepatitis : Yes/No
 - c) Cancer : Yes/No d) Any other (specify) :
2. Any major operations have been done :
3. Any prosthetic devices inserted into the body: (Eg: nails/plates, Pacemakers, Orthopedic shoes, Braces, Arm slings, etc.):.....
4. Any organs donated or received:

I do hereby give my consent to donate my body to the Department of Anatomy, Faculty of Medicine, Uva Wellassa University to be used for the purpose of medical & health education, and medical research.

Yours faithfully,

Signature of the Donor :

Date:

02 competent witnesses: (Sec 3 -Mandatory & should be more than 21 years & sound mind)

1st Witness

Name :

Signature :

Date:

2nd Witness

Name :

Signature :

Date: