



# CONSENT FORM - 02 – For Deceased who had not Given Prior Consent for Donation of Dead Body

(Section – 05 of Act No. 48 of 1987)

**Donee - to the Department of Anatomy, Uva Wellassa University  
Purpose- for Medical Education and Research**

**(1) Particulars of the-Deceased**

- 1. Name in Full : .....
- 2. Date of Birth :..... 3. Age: .....
- 4. Address :.....
- 5. Telephone No : ..... 6. National ID No: .....
- 7. deceased had not expressed any contrary intention during life: Yes / No

**(1) Past History of The Deceased**

- 1. Was the deceased suffering from the following
  - a) HIV : Yes/No
  - b) Hepatitis : Yes/No
  - c) Cancer : Yes/No
  - d) Any other : Specify .....
- 2 Any major operations done up to now :.....
- 3 Any nails/plates or prosthetics devices inserted into the body: (Eg.: Pacemakers, Orthopedic shoes, Braces, Bone plates, Arm slings and etc.): .....
- 4 Any organs donated or received: .....

**(2) Particulars of the Next of Kin**

- 1. Name in Full : .....
- 2. Date of Birth :.....
- 3. Age.....(Should be more than 21 years)
- 4. The relationship to the deceased?.....
- 5. Address :.....
- 6. Telephone No : ..... 7. National ID No :.....

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

Yours faithfully,

Signature of the Next of Kin:.....

Name .....

Date: .....