



BODY DONATION INFORMATION AND CONSENT FORMS



Thank you for your enquiry about donating your body to the Hull York Medical School for the purposes of Anatomical Examination, Education, Training and Research. This booklet aims to provide you with the information you need to decide whether or not to bequeath your body, and to decide the ways in which your body may or may not be used.

This booklet can be made available in large print or Braille if required.

GENERAL INFORMATION

The Hull York Medical School has a continuing requirement for human bodies for the purposes of Anatomical Examination, Education and Training, and Research and is greatly indebted to the public-spirited individuals who bequeath their bodies for these purposes. Such bequeathal is regulated by the Human Tissue Act 2004 and overseen by the Human Tissue Authority.

We are not able to accept the bequest of a body if organs have been removed for transplantation (with the exception of corneas). If you would prefer to donate organs for transplantation, you should carry a donor card, available from the NHS Organ Donor line 0300 123 23 23. Organ donation takes priority over body donation. However, it is possible to give your consent for Anatomical Examination and at the same time be registered as an organ donor. If at the time of death, the offer of your organs for transplantation is not taken up, the body can then be offered to the medical school for Anatomical Examination.

If you decide to bequeath your body, it is important that you discuss this with your next-of-kin and/or executor(s) so that they are aware of your wishes. You have the right to withdraw your bequeathal at any time, by writing to us at the address on the Consent Forms at the back of this document.

Please note that no guarantee can be given that a bequest
will be accepted at the time of death

HOW WILL MY BODY BE USED?

ANATOMICAL EXAMINATION

Your body will be used for the purpose of “anatomical examination”. This simply means teaching, studying, and researching the nature of the internal structures and function of the human body. Such use is essential for medical students, trainee doctors from various medical and surgical specialties, and other healthcare professionals to understand the inner workings of the human body, in order to improve their practice and learn crucial skills for the benefit of patients.

EDUCATION AND TRAINING

Your body may also be used for the purposes of “education and training”. This involves training of healthcare professionals in surgical techniques and other clinical procedures – either as part of their training as specialists, or for the professional development of qualified health professionals. Such use of your body ensures that these health professionals acquire, develop and improve their clinical and surgical skills for the benefit of the patients they care for.

RESEARCH

Finally, your body may be used to conduct “research in connection with disorders, or the functioning, of the human body”. Health professionals and students undertaking research projects as part of their programme of study (e.g., the MSc in Clinical Anatomy) will use your body to better understand the function of the body, create new strategies, and develop clinical or surgical techniques and procedures. This research will always be conducted with approval from an ethics committee.

All activities carried out are supervised by a member of staff and in accordance with the Human Tissue Act (2004).

Fees may be charged for running short courses for education and training, and research projects. These fees are transparently costed to recover the true cost of facilities, staff, equipment, and transportation costs. No profit is ever made from the body donation itself.

If you wish to discuss how your body would be used further, please contact the medical school on 01482 464750 or email bequeath@hyms.ac.uk.

RESTRICTIONS ON ACCEPTANCE OF BEQUEATHALS

The decision as to whether or not to accept your body will be made at the time of death. No guarantee can be given that a bequest will be accepted. There are several reasons why we may not be able to accept your body at the time of death.

Here are the most common reasons why we may not be able to accept your body:

- If there has to be a Coroner's post-mortem examination
- If a person dies abroad
- If the death is the result of an infectious disease (e.g., hepatitis, tuberculosis, HIV, MRSA, septicaemia).
- If the donor has Alzheimer's disease or senile dementia of unknown cause
- If the donor has a prion disease
- If the donor has had a recent operation where the wound has not healed
- If the donor has bed sores, varicose ulcers, or oedema (swelling of the body as a result of excessive fluid accumulation)
- If the donor has jaundice of infective origin
- If the donor has severe peripheral vascular disease
- If the donor has severe arthritic deformity
- If the donor weighs more than 15 stone or 95kg or is taller than 6'6" or 200cm.

Bequeathals are normally only accepted from those residing within approximately 50 miles of the Hull York Medical School. Bequeathals are NOT normally accepted from individuals under the age of 21.

The Hull York Medical School reserves the right to decline a bequeathal if, at the time of death, we are otherwise unable to safely receive, preserve, and handle your body – such as during holiday periods (e.g., Christmas), when there is insufficient storage space, or when we have a shortage of qualified staff.

You should ensure that you have an alternative funeral plan in case your body donation is not accepted. If the Hull York Medical School is unable to accept your body, we will provide your next of kin or executor(s) with contact details of other medical schools in the region which may be in a position to accept the body. If other medical schools are unable to accept your body, then your next of kin or executor(s) must make private arrangements for your cremation or burial at their expense.

THE CONSENT FORM

If, having carefully considered the information provided above, you wish to donate your body to us for anatomical examination, please complete the consent form at the back of this booklet. Two copies of the form are provided, and you should complete both copies. You should sign the forms in the presence of a witness who should then complete the section on the reverse of the form.

Please return one copy of the completed form to us. Your wishes will then be registered on our system.

Keep the other copy of the completed consent form and this booklet with your will or personal papers. You are advised to inform your relatives, executor, and doctor of your intention to donate your body.

WITHDRAWING YOUR CONSENT

You can withdraw your consent to donate your body at any point in time, without having to give a reason. To withdraw your consent, please write to us at the address provided on the consent forms. Upon receipt of your instruction to withdraw consent we will delete all your personal information and securely dispose of any related paperwork.

PROCEDURE AT THE TIME OF DEATH

A death should be notified to the Hull York Medical School by telephone as soon as possible during normal office hours (Monday – Friday) on 01482 464750 / 01482 464153. A decision regarding the acceptance of a bequest will be made as quickly as possible. For deaths occurring over a weekend or public holidays, arrangement should be made for the body to be moved to a local funeral director (with refrigeration facilities), these costs are to be borne by the estate. Then telephone us at the earliest opportunity on the next working day.

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will be accepted at the time of death

During the major public holidays at Christmas and New Year the Medical School is closed, and as such we are unable to accept bodies. During these times, next of kin are advised to make their own arrangements for a funeral in the normal way.

If death occurs in a hospital, the body should be held under refrigerated conditions in the hospital mortuary. The maximum time for holding is dependent on the refrigeration facilities.

If death occurs at home or at a nursing home the body should be removed to a local funeral director with refrigeration facilities. If the deceased has to be taken to an undertaker's premises it is important for relatives to understand that the cost of the undertaker must be borne by the next of kin or the donor's estate.

Before a decision on acceptance of the body by the Hull York Medical School can be made, we will contact the last doctor in attendance (i.e., the doctor certifying the death) to discuss the cause of death and any relevant medical history.

Shortly after death, your relatives or executor should register the death with the Registrar and tell them about your wish to donate your body for anatomical examination. The Registrar will issue them with a green form (certificate of burial or cremation) and a death certificate, both forms (originals, not photocopies) must be received by the medical school at the same time as receiving the body.

If the bequest is not accepted, your next of kin or executor(s) should proceed with normal arrangements for burial or cremation. The Hull York Medical School is not able to make any financial contribution to these private arrangements.

FUNERAL ARRANGEMENTS AFTER A DONATED BODY HAS BEEN ACCEPTED

When a bequest has been accepted, all eventual expenses and arrangements for a simple cremation at our local crematorium in Hull are normally borne by the Medical School. Ashes can either be scattered in the Garden of Remembrance or returned to the Medical School for collection by the next-of-kin in accordance with the donor's wishes.

If your next of kin/executor(s) wish to make arrangements for a burial service or other private funeral arrangements following use of the body by the Hull York Medical School, they should contact a funeral director. In such circumstances, all expenses involved in making the funeral arrangements become the responsibility of the next of kin or executor(s).

REMEMBERING OUR DONORS

A memorial service is held periodically at the University of Hull, to which relatives and friends of those who bequeathed their bodies are invited. The memorial service provides an opportunity to remember, celebrate and give thanks.

ENQUIRIES OR COMPLAINTS

If you have an enquiry, question, or concern about any aspect of the body donation process, you may telephone, email, or write to:

Anatomy Bequeathals
The University of Hull
Hull York Medical School
Cottingham Road
Hull HU6 7RX

Email - bequeath@hyms.ac.uk

Anatomy Co-ordinator 01482 464750
Mortuary Manager 01482 464153
Designated Individual 01482 464178

Further information regarding bequeathal for Anatomical Examination can be found on the website of the [Human Tissue Authority](#).

GUIDANCE NOTES FOR COMPLETING THE CONSENT FORM

This form must only be completed by a person wishing to donate their body of their own free will and must signed in the presence of a witness who also signs to confirm they have witnessed the donor signing the forms.

PART A

This part of the form is to be completed by the person wishing to donate their body.

Complete the first part of the form (in BLOCK CAPITALS) with the personal information requested.

Tick the boxes numbered 1 – 4 as follows (Please tick only ONE of options 1 or 2):

- Tick option 1 if you do not wish to place any restriction on the length of time that your body or body parts may be retained.
- Tick option 2 if you wish to place a restriction on the length of time that your body may be retained, but body parts may be kept longer.
- Tick option 3 to give us the permission to use unidentifiable images of your body or body parts for academic purposes (teaching, studying, research or publication).
- Tick option 4 in order to give us the permission to transfer your body to another medical school

Funeral arrangements

Please choose only ONE of the options. If you choose to have a medical school cremation and would like your ashes collected by a relative, give the name and address of the person who will collect the ashes. Please be aware if you chose option B no ashes will be available.

Signature of Donor

Please sign your name in the space for “Signature of Donor” and insert the date. This must be in the presence of your witness who will then sign and date Part B.

PART B

This part of the form is to be completed by the person who witnesses the signature of the donor.

Complete the personal information required in this part of the form.

After completing Part B, your witness should sign his/her name in the space for “Signature of Witness” and insert the date (the date must correspond with the date of your signature).

HOW WE PROCESS YOUR PERSONAL INFORMATION

The University of York, one of the parent Universities of the Hull York Medical School is the “data controller” responsible for looking after and processing the data we collect via the Consent Form. We will process this data to administer your donation request as part of our responsibility to provide teaching, learning and research facilities, and as part of our license from the Human Tissue Authority. The data will be stored on a secure database on the University’s servers and will not be shared with any other organisation unless we are required to do so by law. We will keep this data in accordance with the directives of the General Data Protection Regulations (GDPR). If we are unable to accept your donation or you withdraw your donation, we will delete the information held. You have a number of rights with respect to how we process your personal data. More information on these rights can be found from the [Information Commissioners Office \(ICO\)](#) and on the [University of York](#) website.

PLEASE FIND TWO COPIES OF THE CONSENT FORM OVERLEAF

CONSENT FORM



Please be aware that completion of this form is not a guarantee of acceptance.

Part A: To be completed by the person wishing to donate. Please complete in BLOCK CAPITALS.

Title		Surname/family name	
Forename(s)			
Address			
		Postcode	
Telephone number		Date of birth	

I WISH TO DONATE MY BODY AFTER MY DEATH. I UNDERSTAND THAT IT MAY BE USED FOR ANATOMICAL EXAMINATION, EDUCATION AND TRAINING AND RESEARCH.

Please tick as appropriate (please tick only ONE of options 1 or 2):

1. I do not place any restrictions on the length of time that my body parts may be retained (if you tick this box, go straight to option 3).
2. My body may be retained for a maximum of 3 years only (please select either a. or b. then proceed to option 3)
 - a. Parts of my body may be retained for longer than 3 years
 - b. No part of my body may be kept for more than 3 years
3. I consent to the use of images of my body or body parts which will be used for the purposes of anatomical examination, education, training, research, or public display, and understand that I will not be identifiable in any of the images.
4. I consent for my body to be used at other UK Medical Schools for anatomical examinations, education, training, and research.

Please indicate your preferred funeral/disposal arrangements (choose from options A or B below):

A. University arranged cremation

Inform relative or other person when cremation arranged Yes No

Relative name and address (if applicable) _____

Ashes to be: Scattered in the garden of remembrance at the crematorium Collected by relative

B. Private funeral with all arrangements made and funeral costs funded by next of kin and/or executor(s).

Signature of donor _____

Date _____

Please complete Part B overleaf

Part B: To be completed by a witness to the signature and consent of the donor (can be next of kin, executor, GP, friend, etc). Please complete in BLOCK CAPITALS

I confirm that I have witnessed _____ (insert name of donor) completing Part A of this form

Title	Surname/family name	
Forename(s)		
Address		
		Postcode
Relationship to donor		

Signature of witness _____ Date _____

The date of the witness signature must be the same as the date of consent on the previous page.

Witness personal information is held on a secure database and is only processed to validate the consent for donation of the donor's body. It will not be used for any other purpose.

DONOR'S MEDICAL HISTORY

Please give a summary of any serious illness, injuries, fractures, or operations you have had, giving the approximate dates of your treatment.

Do you have a pacemaker / defibrillator fitted? _____

Approximate height _____ Approximate weight _____

Name and address of your doctor _____

Complete both forms. Return one copy of the form to the address below and keep the other with your Will or legal papers. Please ensure the form has been signed by both the donor and the witness and the dates are the same.

Anatomy Bequeathals, Hull York Medical School, University of Hull, Cottingham Road, Hull, HU6 7RX

How we process your personal information

The University of York, one of the parent Universities of the Hull York Medical School is the "data controller" responsible for looking after and processing the data we collect via the Consent Form. We will process this data to administer your donation request as part of our responsibility to provide teaching, learning and research facilities, and as part of our license from the Human Tissue Authority. The data will be stored on a secure database on the University's servers and will not be shared with any other organisation unless we are required to do so by law. We will keep this data in accordance with the directives of the General Data Protection Regulations (GDPR). If we are unable to accept your donation or you withdraw your donation we will delete the information held. You have a number of rights with respect to how we process your personal data. More information on these rights can be found from the Information Commissioners Office (ICO) at: www.ico.org.uk and on the University website at: <https://www.york.ac.uk/records-management/db/>

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Signature of donor _____

Date _____

Please complete Part B overleaf

Part B: To be completed by a witness to the signature and consent of the donor (can be next of kin, executor, GP, friend, etc). Please complete in BLOCK CAPITALS

I confirm that I have witnessed _____ (insert name of donor) completing Part A of this form

Title	_____	Surname/family name	_____
Forename(s)	_____		
Address	_____		_____
	_____		Postcode
Relationship to donor	_____		

Signature of witness _____ Date _____

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