

Whole Body Donation Consent Form

Reg. No (for office use only):

Full Legal Name of Donor /Deceased:

Is the prospective donor currently receiving hospital care or has life expectancy of six months or less? **Yes/No/Not Applicable** (Write Not Applicable if already deceased) [Encircle whichever is applicable]

Date of Birth: (day)/..... (month)/..... (year) Gender: **Male** [] **Female** [] (tick whichever is applicable)

Proof of Identity (name of the document): **Proof of Address** (name of the document):

Relationship to the donor: [] (Priority order=**1.** Self; **2.** Spouse; **3.** Adult child; **4.** Parents; **5.** Sibling; **6.** Guardian; **7.** Next degree of kindred)

Name:

I authorize this whole body donation without monetary compensation or valuable consideration made to me or any family member.

I understand an autopsy will not be performed to determine the cause or contributing factors that led to the death of the donor. I authorize procurement of all necessary tissues, organs and anatomical specimens including whole body for medical research and educational purpose and understand tissue/specimens may be used indefinitely into the future. I understand that the body may be subject to extensive preparation including segmentation disarticulation, dissection and preservation procedures. No promise or assurance has been given that this donation will benefit a specific use, research or educational study. This donation may benefit multiple educational, scientific and medical research organization, for profit or nonprofits, domestic or international, and the education or research institution may perform final tissue disposition.

I authorize any and all medical information to be released to All India Institute of Medical Sciences, Rishikesh before or after death, including but not limited to a complete medical history and blood samples. Blood test results for HIV will be communicated to the Dean's Office, All India Institute of Medical Sciences, Rishikesh, a positive test for HIV, hepatitis B or hepatitis C will be communicated to next of kin. Determination of acceptance of donation will be made at the time of passing. Upon acceptance of donation, All India Institute of Medical Sciences, Rishikesh will be responsible for any costs related to the donation. All India Institute of Medical Sciences, Rishikesh reserves the right, at their sole discretion, to decline acceptance of the donation and related charges if it appears unsafe or unsuitable for the purposes consented to herein. The donor/deceased will be transported to All India Institute of Medical Sciences, Rishikesh. All protected health information will remain confidential and be kept in a secure location. All donor information will be coded and the donation will remain anonymous.

I agree to hold All India Institute of Medical Sciences, Rishikesh and all associated agents, including tissue users, harmless from loss or damage, including incident and consequential damage which results from the undersigned not having proper legal authority to consent. This donation will benefit medical education and research studies and will never be on public display. I have had adequate time for consideration and all my questions have been answered. I understand that signing this document does not guarantee acceptance of donation. I hereby verify my understanding of all listed disclosures as indicated by my signature below.

Name of Consenter*: Sign: Date:/...../.....

*If signed by someone other than the donor's legal heir, the signatures of the consenter and witnesses indicate that the donor is physically unable to sign and has directed that the form be signed at their request.

Address of the person granting consent (Pincode and Police Station required):

Phone number:

Email:

Witness Signature1*:

Name:

Date:

Witness Signature2*:

Name:

Date:

*Must have two witness signatures of persons 18 or older. Witness cannot be the person consenting to donation. At least one witness signature must be a disinterested party (not a relative or caregiver).

Please Send Donation Certificate to:

Name: Relationship to the donor:

House number/ Area: City/ Town:

District: State: Pincode:

Phone No. (with STD code): Mobile:

Affidavit format (on Rs. 10 non-judicial stamp paper)

I, _____S/O, D/O, W/O_____

R/O_____, wish to voluntarily donate my body after death to the Department of Anatomy, A.I.I.M.S, Rishikesh for teaching and research purposes.

I also declare that I have informed my relatives about this donation and they have no objection to the same. My heirs have no claim of any kind over my dead body.

I also impart through this will, the right to Department of Anatomy to use/dispose my body and appoint the Director and Medical Superintendent of the said institute as the Executor.

If my death takes place at any other hospital/institute, my relatives will be responsible for informing A.I.I.M.S, Rishikesh about my death and transporting it within the shortest time.

In witness thereof, I have signed this Will here under on this _____day of (month) _____ Year _____ as the Testator in the presence of next of kin as the Witness (es).

Signed by the above named Testator in my presence on the same day and each of us has in presence of the Testator signed his name hereunder as attesting witness (es)

Signature of Witness I

Name:

Address:

Tel No:

Signature of Witness II

Name:

Address:

Tel No:

Signature of Donor/Testator

Name:

Address:

Tel No:

Signature of Next Kith & Kin

Name:

Relationship:

Address:

Tel No:

List of documents:

1. Passport size photograph- 2
2. Family photograph- 1 (optional)
3. Proof of Identity (PAN Card, Voter ID, any Govt Issued ID, Pass Port)
4. Proof of address (Electricity bill, telephone bill, Ration Card, pass port, Voter ID, Domicile, Driving Licence)

Contacts:

Dr. Brijendra Singh (Prof & Head)-8003996900

Dr Rashmi Malhotra-8191800051

Mr Ajay Pratap Singh Rawat-9873879827

Mr Rupesh Kumar Saini-8650016211

Mr Sandeep-9568315441