

# DEPARTMENT OF MEDICAL NEUROSCIENCE – INTENT TO DONATE

## RETURN WITH DONOR INFORMATION/DISPOSITION FORM

Note: If donor is unable to sign below, Next-of-kin or legal executor **MUST** sign on their behalf

"I dedicate my body to Medical Science, if I die in Nova Scotia, New Brunswick or Prince Edward Island, and my remains are **accepted**. I direct: That my body shall go to Dalhousie University, Halifax, Nova Scotia at once, and be used by that institution for the Advancement of Medical Education and Research."

**Please note:** The forms that you are completing (Intent to donate & donor information/disposition of remains) will note your intention to donate your remains; **they do not guarantee acceptance of your remains.** It is the decision of the Inspector of Anatomy at the time of death that will determine acceptance or refusal. It is recommended that you have alternate funeral arrangements that your designated next of kin or legal executor can follow if your remains are not accepted, We thank you for your generous intention to donate.

I authorize the Faculty of Medicine of Dalhousie University to:

1. Use X-rays and medical images of the remains for medical education and clinical skills training.
2. Retain tissue or organ samples for an indefinite period of time for medical education and/or clinical skills training purposes;
3. Respectfully dispose of the tissues or organs which have been retained, to complete the process of medical education and/or clinical skills training.
4. Use the remains for medical education and/or clinical skills in any of the Maritime provinces, as needed.

(initial) I have read and understand the Human Donation Program Information Brochure, included with this package

### DONOR INFORMATION

Full name of donor (please print)

Address

Date of birth

Signature of donor (if donor unable to sign, next of kin / legal executor **MUST** sign here)

### NEXT OF KIN OR LEGAL EXECUTOR INFORMATION

Name of next of kin / legal executor

Relationship to donor

Address

Telephone number(s)

Signature of next of kin or legal executor

### WITNESSES

Signature of witness 1

Signature of witness 2

Date

For questions concerning these forms or the Human Donation Program process  
Please contact the Coordinator at 902-494-6850 (MON-FRI 8-4)

DEPARTMENT OF MEDICAL NEUROSCIENCE - DONOR INFORMATION/DISPOSITION OF REMAINS

RETURN WITH DONATION FORM

Note: This form can be completed by the donor, but must be signed by the Next-of-kin or Legal Executor

Should your Next-of-kin or Legal Executor change, new forms MUST be completed.

New forms are available by contacting 902-494-6850 or from <http://medical-neuroscience.medicine.dal.ca/donation>

In accordance with the Nova Scotia Human Tissues Gift Act, the following information is required to register the death with the province. Please ensure that this information is as complete as possible.

If information is NOT KNOWN, please write "unknown" in the space.

DONOR			
1) Surname	2) First name	3) Second name	5) Gender ___M ___F ___X
Marital Status - <b>REQUIRED, PLEASE CHECK ONE</b> ___ Never Married ___ Divorced ___ Married ___ Widowed		Full name / Maiden name of spouse - if married, widowed, or divorced	
Common-law status - Indicate if donor is living common law ___ yes ___no		If applicable, Full name including <b>maiden</b> name of common-law spouse	
Birthplace of Donor		Type of work done during most of life	
DONOR'S PARENTS			
FATHER surname & given name			Birthplace
MOTHER <b>maiden</b> surname & given name			Birthplace
<b>In memory of the donors to Medical Science, it is our intention to list donors' names in our yearly Memorial/Interment booklet:</b>  ___ I am in agreement, please print _____ (Donor name)  ___ I am not in agreement			
DISPOSITION OF CREMATED REMAINS			
I instruct Dalhousie University to dispose of my cremated remains in the following manner:  ___ <b>1) INTERMENT OF ASHES IN THE DALHOUSIE MEMORIAL GARDENS</b> ___ <b>2) ASHES TO BE SHIPPED (VIA REGISTERED MAIL) TO:</b> * Canada & USA only* NAME / RELATIONSHIP: _____ ADDRESS: _____ TELEPHONE: _____ ___ <b>3) ASHES TO BE PICKED UP BY:</b> NAME/RELATIONSHIP: _____ ADDRESS: _____ TELEPHONE: _____			
DONOR SIGNATURE: _____		NEXT OF KIN SIGNATURE: _____	
WITNESS: _____			