



UCD School of Medicine

Anatomical Gifts

Donating your body for Medical Education and Research

Information about the Body Donor Programme at U.C.D.

We appreciate your request for information about our procedures for the donation of human remains for use in our medical school. We hope this brochure will be of some assistance to you and answer the questions you may have. If the conditions of donation are agreeable to you, please complete page 3 and 4 and return it to us. When your donation has been registered with us we will acknowledge your donation in writing. Please return completed enrolment forms to:

UCD School of Medicine
Body Donor Programme, Room C231
Health Sciences Centre
Belfield
Dublin 4

Frequently Asked Questions

How can I leave my body to medical science?

Simply take the time to read our information brochure and when you are happy with the contents complete pages 3 and 4 and return them to our office. We will then send you an acknowledgement letter informing you that you are a registered donor with our programme.

Does age, disease, or amputation make the donation unacceptable?

There is no upper age limit for donation, nor does amputation preclude acceptance. Medical conditions that would prevent acceptance as a donor include: MRSA, Hepatitis, HIV, Tuberculosis, and Creutzfeldt-Jacob disease or any other conditions that may present a risk of infection to our students and staff. Extensive trauma to the body at the time of death, advanced decomposition, or extreme obesity would also make remains unsuitable for anatomical study.

What about post mortems?

We cannot accept a body that has had a post mortem performed.

Who may serve as a witness to my donation?

We strongly recommend that your next-of-kin or a close family member act as your first witness. Anyone 21 years or older, may act as your second witness. **Two** signatures are required on our donation form.

Will any payment be received for the body?

No payment will be made in connection with the body donation.

If a donation is made, can it be withdrawn?

Yes, if you wish to withdraw from the programme, simply make your wish known to us in writing and we will cancel your file.

Should the donor inform someone of the bequest?

Yes. Your next of kin, who at present is responsible under the law for the disposition of your remains. Discuss your plan with those close to you so that your wishes may be clearly understood.

What is the procedure upon the death of the donor?

In the event of death, the next of kin or heir should contact the Body Donor Programme Office Tel: 01 716-6617 (during normal office hours) **or** our cooperating Funeral Directors, Corrigan & Sons, Tel: 01 475-2326 (outside normal office hours). We need to receive donation within 24 to 48 hours after death.

Will any payment be required for transportation of the donor to UCD?

We arrange and pay for transportation to University College Dublin within a radius of 50 miles (80 km) (if the distance exceeds 50 miles (80km) we have to ask the executor to pay the full cost of transportation)

What are the final burial options?

The remains *may* be kept for up to three years from time of death. We will notify your next of kin when the remains are available for burial.

Why should I consider donating my body to science?

This unique and priceless gift of the human body provides a source of knowledge that is the foundation of medical education and research. Donor bodies are used to teach medical and other health science students the relationship between the systems and structure of the human body. In certain cases, it would be of great benefit to our students if part of a donor's body could be permanently preserved for teaching purposes. This would only be done with the donor's consent.

Burial Options

- **Burial in the Medical School's Private Plot in Glasnevin Cemetery:**

The University will provide an embellished coffin and will cover all expenses e.g. bringing the remains to the cemetery and opening of the grave. We can arrange the attendance of a priest or minister of the relevant faith and relatives may attend if desired.

- **Private Family Interment:**

Unless a coffin has already been provided, the University will provide an embellished coffin and will cover the expense of bringing the remains to a Dublin cemetery. However, the opening of the grave and any other expenses involved are borne by the Estate. The next of kin can arrange a priest or minister of the relevant faith.

- **Cremation:**

Again the University will provide an embellished coffin if the family have not already provided a coffin. We will cover the expense of (a) bringing the remains to Glasnevin Crematorium, (b) cremation and (c) ashes will be buried in the medical school's private plot. However, if the ashes are to be taken away, a small administration cost will have to be borne by the estate. Ashes can also be placed in the Garden of Remembrance or the Columbarium; again the estate would have to cover the expense involved.

**If you have any questions about the programme please contact:
The Body Donor Programme Office on (01) 716 6617**

Part A: to be completed by person making donation

Please complete in BLOCK CAPITALS

Title _____ Surname/family _____

Forename(s) _____

Address _____

Postcode _____ Tel No. _____

Date of birth _____ Religion/faith group (if applicable) _____

I WISH TO DONATE MY BODY AFTER MY DEATH FOR ANATOMICAL EXAMINATION. I UNDERSTAND THAT IT MAY BE USED FOR:

- **EDUCATION OR TRAINING RELATING TO THE STRUCTURE OF THE HUMAN BODY AND HUMAN HEALTH**
- **ANATOMICAL RESEARCH INTO THE STRUCTURE, FUNCTION AND DISORDERS OF THE HUMAN BODY**

Please tick as appropriate

1. I do not place any restrictions on the length of time that my body or body parts maybe retained. (If you tick this box, go straight to option 3, if not proceed to option 2).

For option 2, please select either a. or b. then proceed to option 3.

2. My body can be retained for a maximum of 3 years only.

- a. Parts of my body may be retained for longer than 3 years.

OR

- b. No part of my body may be kept for more than 3 years.

3. Consent to the use of images of my body or body parts. I understand that I will not be identifiable in these images and that they will be used for:

- Education or training relating to the structure of the human body and human health
- Anatomical research into the structure, function and disorders, of the human body

4. In the event that my body cannot be accepted by this Medical School, I consent to it being offered to another Irish Medical School

5. I have read and understood the information provided and understand that I can withdraw consent at any time

Signature _____ Date _____

Please select one of the three burial options available to our donors:

(Select option)

- Burial in the Medical School's Private Plot in Glasnevin Cemetery**
- Private Family Interment**
- Cremation**

Part B: to be completed by witnesses of donation

Witness No.1 declaration (signature of next of kin, executor, GP, friend, etc.)

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

Surname/family name _____

Forename(s)_____

Address_____

Telephone/mobile_____

Post code_____ Relationship to donor_____

Email_____

Signature_____ Date_____

Witness No.2 declaration (signature of next of kin, executor, GP, friend, etc.)

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

Surname/family name _____

Forename(s)_____

Address_____

Telephone/mobile_____

Postcode_____ Relationship to donor_____

Email_____

Signature_____ Date_____

DONOR MEDICAL HISTORY FORM (OPTIONAL)

Listed below are common medical conditions. If you either suffer from or have suffered in the past from any of these conditions, put an 'x' in the box by the condition listed.

CONDITION	CONDITION
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Lung Problems
<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Prostate Cancer	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Skin Cancer	<input type="checkbox"/> Dental Problems
<input type="checkbox"/> Other Cancer	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Heart Bypass Surgery	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Heart Balloon Surgery	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Stroke	<input type="checkbox"/> Measles
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Mumps
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Other (Please detail separately)

Please list any Surgeries you have had

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

For Women please fill in the following information:

Have you had a hysterectomy?	YES	NO
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(A **hysterectomy** is the surgical removal of the uterus or womb)

For Men please fill in the following information:

Have you had a prostatectomy?	YES	NO
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(A **prostatectomy** is the surgical removal of all or part of the prostate gland)

Thank you for completing this form. The information you have given us will be treated with the strictest confidence. This information is to help give students a greater understanding of the human body and how it deals with common medical conditions. Please return the completed enrolment forms to:

UCD School of Medicine
Body Donor Programme, Room C231
Health Sciences Centre
Belfield
Dublin