



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If a donation is made, can it be withdrawn?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: 716-6617 (during normal office hours) **or** our cooperating Funeral Directors, Corrigan & Sons, Tel: 475-2326 (outside normal office hours).

What are the final burial options?

The remains *may* be kept for up to two 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.

DONATION FORM

I hereby direct that my body be given, upon my death, to the UCD School of Medicine and Medical Sciences, for purposes of medical study, teaching, and/or research. **I fully understand that in certain circumstances my body donation may not be accepted.**

Name of Donor (print or type)

Address

Signature of Donor

Date Signed

Date of Birth of Donor

Your religion (Optional). This will ensure a relevant minister be present at your burial

Your occupation, if retired please state your main occupation before retirement

Signed by the donor and the following **two** witnesses. It is strongly advised that if it is at all possible, at least one of the witnesses should be your next-of-kin or a close relative.

Witness No. 1:

Witness No. 2:

(Next-of-kin) (*Please print name*)

(*Please type or print name*)

(*Signature*)

(*Signature*)

(*Relationship to donor*)

(*Relationship to donor*)

(Address)

(Address)

(Telephone)

(Telephone)

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

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)

Consent for body part(s) to be permanently preserved for teaching purposes:

Part of my body may be permanently preserved for teaching purposes	YES	NO
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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 detach and return completed enrolment forms to:

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