

# University of Ottawa

## Body Donation Program

**Note: Complete either Part 1 or Part 2 of this form, but NOT both.**

### ANATOMY ACT – PROVINCE OF ONTARIO

**PART 1      DONATION OF BODY TO SCHOOL OF ANATOMY** (Note: Should be completed by the person wishing to donate his/her body **when that decision is made.**)

I, \_\_\_\_\_  
Print Full Name

having attained the age of 16 years, hereby consent in accordance with Section 4 of The Trillium Gift of Life Network Act, to the use of my body after death for medical education or for scientific research at the School of Anatomy at the **University of Ottawa** or at any other School of Anatomy.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Place Day Month Year

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Street

\_\_\_\_\_  
City Province Postal Code

PART 2

**DONATION OF BODY TO A SCHOOL OF ANATOMY BY NEXT-OF-KIN OR A PERSON LAWFULLY IN POSSESSION** (Note: Should be completed by the next-of-kin or person lawfully in possession of the body **ONLY** where the deceased has not personally donated his/her body by completing the first part of this form.)

I, \_\_\_\_\_  
Print Full Name

being the next-of-kin or a person lawfully in possession of the body of

\_\_\_\_\_  
Print Full Name of Person Being Donated

hereby consent in accordance with Section 5 of The Trillium Gift of Life Network Act, to the use of the said body after death for medical education or for scientific research at the School of Anatomy at the **University of Ottawa** or at any other School of Anatomy.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
Place Day Month Year

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Street

\_\_\_\_\_  
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### Abbreviated Surgical History

It would be greatly appreciated by the University of Ottawa if you or your next-of-kin would signify if any of the following operations have been performed during your lifetime.

- Hip Replacement
- Knee Replacement
- Metal, Plates or Screws in the Body
- Pacemaker
- Defibrillator
- Abdominal Surgery
- Appendectomy
- Removal of Gall Bladder
- Removal of Kidney
- Surgery on Urinary Bladder
- Hysterectomy
- Removal of Ovary, or Surgery on Uterine Tube
- Silicone Implants
- Any other Surgery (Please specify)

Knowledge of such surgery would be of great benefit to us in our educational programs, and in no way would be used as a basis for the rejection of your body by the University of Ottawa.

Thank you.

**Name:** \_\_\_\_\_

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### ACKNOWLEDGMENT OF INSTRUCTIONS

*To be completed at the time of death by the next-of-kin or executor.*

NAME OF DECEASED (Include all middle names): \_\_\_\_\_

NAME OF PERSON TO BE NOTIFIED: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street and/or P.O. Box

City

Province

Postal Code

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Will only be used to communicate with you)

1. I/we acknowledge that the cost of transportation of the donated body to the University of Ottawa and the cost of the registration and other paperwork that the funeral home might have are the responsibility of the family or estate of the deceased.

\_\_\_\_\_  
Initials

2. I/we give permission to the Division of Clinical and Functional Anatomy of the University of Ottawa to retain any parts of the donated body for an indeterminate time if required for educational and/or research purposes. Such retained material will be cremated followed by internment of the ashes in the University of Ottawa's burial site at Pinecrest Remembrance Services Ltd (2500 Baseline Road, Ottawa, ON).

**Yes**

**No**

3. I/we wish to receive the cremated remains for a private burial. I/we understand that the University of Ottawa will only cover the cost of a temporary urn which can be used to be inurned at the cemetery of your choice.

**Yes**

**No**

4. In the event that I/we cannot pick up the cremated remains, I/we authorize the following people to pick them up once they are available.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

5. I/we wish the cremated remains to be interred in the University of Ottawa's burial site at Pinecrest Remembrance Services (2500 Baseline Rd, Ottawa). The cost of the burial is the responsibility of the University of Ottawa.
- |   | Yes | No |
|---|-----|----|
| 6. I/we wish to be notified of the date of cremation.   | Yes | No |
| 7. I/we wish to be notified of the date and time of the annual Memorial Service. Please note that you will be invited to the memorial service only after the cremation has taken place. | Yes | No |

***Note: Completion and signing of this form confirms your instructions.***

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature: \_\_\_\_\_  
Month    Day    Year

Revised: November 3, 2017 (CP)