

ANATOMY ACT – PROVINCE OF ONTARIO

Note: Complete either Part I or Part II of this form, but NOT both.

PART I 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)

(Address – Street)

(City)

(Province)

(Postal Code)

PART II 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 Next-of-Kin or Executor of the Donor)

(Address – Street)

(City)

(Province)

(Postal Code)

Abbreviated Surgical History – University of Ottawa

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 of Donor: _____

Acknowledgment Of Instructions – University of Ottawa

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 is 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, with a later inurnment of the cremated remains in the University of Ottawa's lot located at Pinecrest Cemetery (2500 Baseline Road, Ottawa, ON).

Yes

No

3. I/we give permission to the Division of Clinical and Functional Anatomy of the University of Ottawa to take photographs for medical education or for scientific research provided that the photographs taken do not include any personally identifiable material.

Yes

No

4. 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

5. 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** _____

1. I/we wish the cremated remains to be inurned in the University of Ottawa's lot located at Pinecrest Cemetery (2500 Baseline Rd, Ottawa). The cost of the burial is the responsibility of the University of Ottawa. **Once the cremated remains are buried in the University of Ottawa lot, they are not retrievable.**

Yes

No

2. I/we wish to be notified of the date of cremation.

Yes

No

3. 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: _____ / _____ / _____

Month / Day / Year

Signature: _____

Revised: January 5, 2024 (CP)