

PREFERENCES

This form must be completed by the Donor.

Disposal of remains (please tick one box only):

- | | |
|---|-------------------------------------|
| 1. Cremation and interment of ashes at Crematorium | <input checked="" type="checkbox"/> |
| 2. Cremation and subsequent return of ashes to the senior available next-of-kin or Executor of Will | <input type="checkbox"/> |
| 3. Burial in your designated prepaid plot
<i>(This option should be finalised by the family prior to donation as Macquarie University will not cover the financial costs of this option. If nobody is able to cover the costs of your burial and transportation to the place of burial, Macquarie University will arrange cremation as outlined at point 1. above)</i> | <input type="checkbox"/> |

Medical history

(Please tick if you agree) YES ☒

I consent to the release of my prior medical history and /or records to the licence holder or their delegate for the purposes of determining medical suitability of the donation or for research, training and education purposes.

Research, development, testing and evaluation

(Please tick if you agree) YES ☒

RDT&E activities are vital for the advancement of medicine and to progress surgical innovation. Examples of RDT&E activities include: evaluation of a new surgical approaches; evaluation of imaging techniques; implantation of novel medical devices; mechanical evaluation of an implants strength and performance. I consent to my body being used for RDT&E activities.

Cosmetic surgery

(Please tick if you agree) YES ☒

Cosmetic surgery (eg Botox injections, fillers, breast reconstruction) is becoming increasingly common in our society and yet there is little research, training and education undertaken to ensure that these procedures are done in a safe and effective manner. Macquarie University in collaboration with industrial clients and clinicians do run a number of plastic surgery training sessions each year for which anatomical examination is vitally important. I consent to cosmetic procedures being undertaken on my body.

Digital and video images

(Please tick if you agree) YES ☒

I consent to images being taken of my body. I am aware that images may be taken of my body for diagnostic, demonstrative and teaching purposes. I understand that all images taken will be de-identified and that all identifying features and marks will be obscured from any image.

Permanent retention of tissue

(Please tick if you agree) YES ☒

I consent to the removal and permanent retention of tissues from my body. I understand that 'tissue' includes any part of the body, including an organ, or part of an organ and that the removed tissue will be permanently retained which may include:

- preserving tissue for museum or archival purposes,
- using tissue for the purpose of anatomical examination, surgical skills training (for students of Macquarie University or other individuals through private organisations who have paid Macquarie University a fee), and research.

I understand that retaining tissue may allow Macquarie University to make the greatest use of the donated body.

Transfer of body

(Please tick if you agree) YES ☒

I consent to the transfer of my body to another licensed educational institution elsewhere in Australia.