



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

Department Of Anatomy/ शरीर रचना विभाग

Reference Number: ANAT/CAD/AIIMS/RKT/.....

Dated:

PASSPORT SIZE
PHOTOGRAPH

WHOLE BODY DONATION CONSENT FORM

I, Mr./Ms. _____
the undersigned, express my desire that on death, my dead body should be handed over to the Department of Anatomy, All India Institute of Medical Sciences (AIIMS), Rajkot for the academic teaching and research purpose. I request my heirs/next of kin to carry out this wish after my death.

Date:.....

Signature/Left thumb impression:.....

Address:.....

Mobile Number:.....

Witness signature1:

Name:

Date:

Witness signature2:

Name:

Date:

Consent of Heirs/Next of Kin: -

As the heir/next of kin I give my consent and agree to the wish of the donor to donate the body after death to the Department of Anatomy, AIIMS, Rajkot for the academic teaching and research purpose.

Date:

Signature:

Address:

Mobile Number:

एम्स: गाँव-खंडेरी, तहसील-पदधरी, शहर-राजकोट

Permanent Campus: Village Khandheri, Tehsil- Paddhari, District-Rajkot, 360110



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I Agree to the following:

- Body Preservation solution containing Formalin is injected to preserve the dead bodies.
- I authorize this whole-body donation without monetary compensation or valuable consideration made to me or any family member.
- I authorize procurement of all necessary tissues, organs and anatomical specimens including whole body for medical research and educational purpose and understand tissue/specimens may be used indefinitely into the future.
- All India Institute of Medical Sciences, Rajkot reserves the right, at their sole discretion, to decline/ acceptance of the donation if it appears unsafe or unsuitable for the purposes consented to herein.
- The donor/deceased will be transported to All India Institute of Medical Sciences, Rajkot.
- All protected health information will remain confidential and be kept in a secure location.
- All donor information will be coded, and the donation will remain anonymous.
- This donation will benefit medical education and research studies and will never be on public display.
- I have had adequate time for consideration and all my questions have been answered. I understand that signing this document does not guarantee acceptance of donation. I hereby verify my understanding of all listed disclosures as indicated by my signature below.

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