



**DEPARTMENT OF ANATOMY
FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA
NUGEGODA**



0112-2802164

Rev,
Sir/Madam,

**DONATION OF DEAD BODIES FOR MEDICAL, HEALTH EDUCATION AND
MEDICAL RESEARCH**

Thank you for your letter/ request regarding the above subject. We do appreciate your gesture.

After death the remains become property of the next of kin. Therefore it is necessary that you instruct them accordingly and also apprise them of the following handling over procedure.

1. Body can be donated only after a ***natural death***.
2. Soon after the death the next of kin should contact the ***Head/Technical Officer of the Department of Anatomy*** with the National Identity card. On working days they could contact the Head / Technical Officers of the Dept. of Anatomy on following telephone numbers.

- I) 011-2802164 (Head - Department of Anatomy)
- II) 011-2758690 (Head - Department of Anatomy)
- III) 011-2758694 (Office -Department of Anatomy)

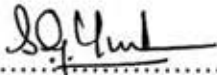
The name, address, relationship, the number of the National Identity card and the decision regarding the form of disposal of the coffin should be informed.

3. Embalming should be done by injecting 5 liters of formalin into the femoral artery in front of the upper part of the thigh. At the time of donating the body, if the body is not properly embalmed, the body would not be accepted by the department.
No other parts of the body should be damaged by the undertaker
4. Eyes can be donated to an Eye Donation Society before you donate the body to our department. (Eye Donation Society Tel: 011-2692051)
5. The bodies where embalming is not properly done, will not be accepted
6. The **original death certificate, photocopy of it and National Identity card of the executor** should be produced to the department at the time of handling over the body. The original death certificate will be returned to the executor and the photocopy will be retained in the department. (Please handover the body before 3.00p.m on working days.)
7. **Following bodies will not be accepted.**
 - a) Below the age of 18 years
 - b) Infectious diseases Eg. HIV, Hepatitis, Infectious skin rashes etc.
 - c) If the body has not been properly embalmed and therefore decomposed at the time of donation.
 - d) Deaths due to accidents.
 - e) Deaths due to cancer.
 - f) Bodies where pathological post mortems have been performed.

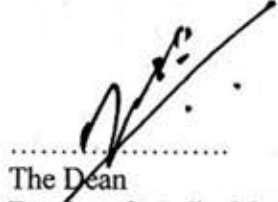
8. Other important information

- a) The body will never be returned or shown to any person (relation / executor) after the donation.
- b) Transport facilities will not be provided or transport charges will not be paid by the university.
- c) No religious or any other function is allowed within the University premises.
- d) No payments should be made to the University for this purpose
- e) Coffin, clothing and jewelry of the deceased would be handed over to the executor.
- f) Department of Anatomy does not prepare bony skeletons.

For further details please contact the Department of Anatomy. Copy of the donor (page 3) must be kept with you and should be produced with the body. The copy of the University (page 4) must be posted to us.



.....
Head / Dept. of Anatomy
Faculty of Medical Sciences
University of Sri Jayewardenepura
Gangodawila,
Nugegoda.



.....
The Dean
Faculty of Medical Sciences
University of Sri Jayewardenepura
Gangodawila,
Nugegoda.



Copy of the Donor



CONSENT FORM

Donation of a dead body to the Department of Anatomy
University of Sri Jayewardenepura

01. Particulars of the Donor

01. Name in full
02. Date of Birth
03. Address
04. Telephone No.
05. National I.D. No
06. Are you suffering from the following
 - a) HIV Yes/No
 - b) Hepatitis Yes/No
 - c) Cancer Yes/No
 - d) Any other Yes/No
07. Any major operations done

02. Particulars of the next of kin

01. Name in full
02. Date of Birth
03. Address
04. Telephone No
05. National I.D. No

I do hereby give my consent to donate my body to the Department of Anatomy, Faculty of Medical Sciences of the University of Sri Jayewardenepura to be used for the purpose of medical, health education and medical research.

Yours faithfully,

.....
Signature

.....
Date



Copy of the University



CONSENT FORM

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- | | |
|--------------|--------|
| a) HIV | Yes/No |
| b) Hepatitis | Yes/No |
| c) Cancer | Yes/No |
| d) Any other | Yes/No |
14. Any major operations done

03. Particulars of the next of kin

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Yours faithfully,

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Signature

.....
Date