

This donation is made following the *Human Tissue Donation Act, RSPEI 1988, c H-12.1*

It is my wish that, upon my death, my body be offered to the University of Prince Edward (UPEI) Island Faculty of Medicine. I consent for my body to be used for medical education and scientific research purposes.

I agree that I am at least 18 years of age.

**I understand this form will note my consent to donate my body.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completion of this form does not guarantee acceptance. The Anatomical Gift Program, alongside the Chief Coroner's Office, will determine whether the donation can be accepted at time of death based on program criteria and capacity, and the program retains the right to refuse a donation.

If the program does not accept my donation, other arrangements will be my responsibility.

Donor Information	
Full legal name of donor (please print)	
Address	
Date of birth (MM/DD/YYYY)	
Telephone number	Email address

- I agree that, should my body not be accepted into the program, any final arrangements and their costs will be the duty of my family or estate. **Initial:** \_\_\_\_\_
- I agree that, if my body is accepted by the program, the UPEI Faculty of Medicine may retain some body parts with high value for learning and/or research for more than five years. **Initial:** \_\_\_\_\_
- I consent that images of the donation may be taken for learning purposes or research, provided no personal information is present in the image.  Yes  No
- I understand that all donations to the program will be cremated after use. **Initial:** \_\_\_\_\_  
I wish my remains to be:
  - Cremated, and the remains returned to my designated contact for a private burial or other arrangements. It will be their duty to pick up the remains following cremation.
  - Cremated, and the remains laid to rest at a cemetery plot owned by UPEI.
- I wish my designated contact to be told of the date and time of any gratitude service to honour my donation.  Yes  No

<b>Designated Contact Information</b>	
Full legal name (please print)	
Relationship to donor	
Address	
Telephone number	Email address
Signature	
<b>After passing, the designated contact must reach out immediately to program staff at 902-388-6101 . We will guide them through the next steps.</b>	
<b>Witness Information</b>	
Printed Name: _____	
Signature: _____	Date: _____

**If any of the above information changes, or you wish to rescind consent, it is important that you inform the UPEI Faculty of Medicine Anatomical Gift Program at 902-626-4855 or 903-620-5398, or [anatomicalgift@upe.ca](mailto:anatomicalgift@upe.ca).**

Personal Information requested on this form is collected under the authority of Section 31(c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for Anatomical Gift Program administration purposes only. Direct any questions about collection to: Nicole MacDonald-Jay, Manager of Medical Laboratories, Faculty of Medicine at the University of PEI, 550 University Avenue, Charlottetown, PE. 902 -626-4855