

To be completed at time of death by those with substituted consent of the deceased under the Human Tissue Donation Act RSPEI 1988, c H-12.1

Full legal name of donor	
Date of birth of donor (MM/DD/YYYY)	
Address of donor	
Full legal name of individual granting substituted consent	
Relationship to donor	
Contact Telephone number	Contact Email address

I attest that the information provided is correct and that I have the legal authority to provide substituted consent according to *Human Tissue Donation Act, RSPEI 1988, c H-12.1*

Signature _____

Date _____

Please confirm that you understand and agree with these points:

- I agree that, should the body not be accepted into the program, any arrangements and their costs will be the duty of the family or estate of the deceased. **Initial:** _____
- I agree that, if the 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 understand that all donations to the program will be cremated after use. **Initial:** _____
I wish for the remains of the deceased to be:
 - Cremated, and the remains returned for a private burial or other arrangements. It will be my duty to pick up the remains following cremation.
 - Cremated, and the remains laid to rest at a cemetery plot owned by UPEI.
- I wish to be told of the date and time of any gratitude service to honour those who have donated their bodies to further medical education and research. Yes No

If any of the above information changes, it is important that you inform the UPEI Faculty of Medicine Anatomical Gift Program at 902-626-4855 or 902-620-5398 or anatomicalgift@upeil.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