



කාය ව්‍යවච්ඡේද අධ්‍යයනාංශය, වෛද්‍ය පීඨය
ශ්‍රී ලංකා වයඹ විශ්වවිද්‍යාලය, කුලියාපිටිය

உடற்கூறியல் பிரிவு, மருத்துவ பீடம்
இலங்கை வயம்ப பல்கலைக்கழகம், குளியாபிடிய

DEPARTMENT OF ANATOMY, FACULTY OF MEDICINE
WAYAMBA UNIVERSITY OF SRI LANKA, KULIYAPITIYA

දුරකථන }
தெலை பேசி } (+94)373139795
Telephone }

ෆැක්ස් }
பெக்ஸ் } (+94)372284663
Fax }

විද්‍යුත් තැපෑල }
மின் அஞ்சல் } anatomy@wyb.ac.lk
E-mail }

Reg. No. WU/FOM/BD/.....

Consent Form for Body Donation

1. Particulars of the donor

1.1 Name in full :.....

1.2 Address :.....

1.3 NIC No. :.....

1.4 Age :.....

1.5 Contact numbers : 1..... 2.....

1.6 Sex : Male / Female

1.7 Details of any surgical treatment undertaken :.....

1.8 Are you suffering from any following illnesses

(a) Cancer (d) Hepatitis

(b) Meningitis (e) HIV/AIDS

(c) Tuberculosis (f) Eczema/Rash

(g) If any other major illness please specify :.....

2. Particulars of the next of kin

2.1 Name in full :.....

2.2 Address :.....

2.3 NIC No. :.....

2.4 Relationship to the donor :.....

2.5 Contact numbers :1..... 2.....

I do hereby give my consent to donate my body upon my death, to the Department of Anatomy, Faculty of Medicine, Wayamba University of Sri Lanka to be used for the purpose of medical education and medical research.

Following donation, I do hereby give my consent to act according to the body donation instructions given by the Faculty of Medicine, Wayamba University of Sri Lanka.

Yours faithfully,

.....

Signature of the donor

.....

Date

Note: -

- Copy of the consent form of the donor must be kept with the next of kin/guardian and should be produced to the department with the body.
- Though the registration had been done as a donor, unless the instructions are fulfilled, the body will not be accepted.
- Eyes can be donated to the Eye Donation Society before donation of the body.
- Registration in the department is not an essential requirement for body donation.



.....

Head

Department of Anatomy

Faculty of Medicine

Wayamba University of Sri Lanka