

**DOCUMENT TO BE COMPLETED FOR BODY DONATION TO THE MIGUEL
HERNÁNDEZ UNIVERSITY OF ELCHE IN CONNECTION WITH TEACHING
AND RESEARCH**

Miguel Hernández University of Elche
Faculty of Medicine – Anatomical Innovation Service

DONOR PERSONAL DATA:

Name..... Surname.....

Holder of national identity document (whose photocopy is enclosed)

Nº SIP.....

Mobile phone number:Landline number:

Address:

City: Province:

Postal Code:email:

WITNESS PERSONAL DATA:

Name and Surname

Holder of national identity document (whose photocopy is enclosed)

Mobile phone number: Landline number:

Address:

City: Province:

Postal Code: email:

I DECLARE:

1. I am in full possession of my mental faculties and I am fully capable of fulfilling this act of donating my body to science at the time of my death.
2. I have been fully informed about the procedural requirements of donating my body to science.

By virtue of this, I profess my desire to donate my body to science in accordance with the following:

CLAUSES

First- By virtue of this document, I express and confirm my free will to donate my body at the time of my death to the Anatomical Innovation Service of the Faculty of Medicine at the Miguel Hernández University of Elche for scientific and educational purposes. Likewise, I authorize the consultation of my medical records for the same purposes.

Second- In order for the donation to be fulfilled, the following requirements must be met:

* My death must occur within the province of Alicante, due to its proximity to the Miguel Hernández University of Elche.

At the time of death, the family will contact the funeral home. The phone number of the funeral home appears on the web: <https://sia.umh.es>

In case of doubt, you can call the UMH 24-hour telephone number: **(+34) 966 65 85 00 and 966658600.**

* The family must request the donor's medical record and deliver it to the funeral home along with the death certificate and the donation document.

* Bodies presenting any of the following conditions are unacceptable:

a) Severe injury or trauma.

b) Contagious diseases (hepatitis B/C, HIV, spongiform encephalopathy, tuberculosis, gangrene, or other highly contagious infectious diseases), nor may the body present any of the Group 1 conditions. Group 1 conditions comprise the following:

1. Bodies whose death is related to:

Yellow fever, Cholera, Plague, Malaria, Paralytic poliomyelitis, Rabies, Anthrax, Creutzfeldt-Jakob encephalopathy and other human transmissible spongiform encephalopathies, Viral hemorrhagic fevers.

2. Bodies contaminated by radioactive products.

3. Other bodies that the Department of Health may explicitly determine.

c) Donors that have undergone forensic studies, autopsies, or judicial intervention. There may be no judicial inquiry or claim on the body by the competent authority and be in accordance with current legislation at the time of death.

d) Amputations or removal of organs for transplants.

e) Major surgery.

f) Decomposition of the body.

g) Excessive obesity or emaciation.

h) Severe anatomical deformities

Third.– I understand and agree that the Miguel Hernández University of Elche reserves the right to refuse the donation if its facilities are at capacity, and I also expressly authorize the university to confirm all the data provided, in addition to compliance with the requirements provided in the second clause and any others that current legislation may require.

Fourth.– If my death occurs in a province different from that indicated in the first requirement of the second clause, it is my desire that the donation be accepted on the same terms at the department of anatomy of the faculty of medicine at the university closest to the location of my death.

Fifth.– I promise to inform my family and friends about my desire to donate my body to science, so that when my death does occur, they immediately (before 24 hours) notify the funeral home that works with the Faculty of Medicine at the Miguel Hernández University of Elche.

Sixth.– Following my death, mi body will remain at either the Faculty of Medicine^o at the Miguel Hernández University of Elche or at any of its teaching or research centers for the period of time that is necessary.

Seventh.– I renounce the return of my remains to my family or friends subsequent to the period of time that my body remains at the university; therefore, I request that the Miguel Hernández University of Elche proceed with its cremation/burial.

Eighth.– I authorize the Miguel Hernández University of Elche to send my body to another faculty of medicine at another university for its use in connection with teaching and research.

Ninth- "I consent that the graphic material, a product of research work on my body, provided that the identity of the donor can be preserved/protected and their anonymity guaranteed, and never exhibited in an environment outside the university or scientific world."

Tenth- I declare that I understand that the data contained herein will be added to a file for internal use and for sending information related to the aims of the completed donation, as well as for supplying any type of information related to the faculty or other entities that help the faculty achieve its goals. I, as owner of the data, remain informed about all the rights that Law 15/1999 entitles me, and I may exercise the rights of access, correction, opposition and cancellation by contacting the Anatomical Innovation Service of the Miguel Hernández University of Elche. As proof of consent, I hereby sign this document that consists of two copies, one of which is to remain in my possession while the other is to remain with the Anatomical Innovation Service of the Miguel Hernández University of Elche.

Intoof.....20....

Donor signature.

Witness signature.

Aimed at Vice President for Research and Innovation

Remember to keep a copy of this document