



**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 – Department of Histology and Anatomy

(Document to be completed in duplicate by the person donating their body)

Donor: Name, holder of national
identity document (whose photocopy is enclosed), 18 years of
age or older, with mailing address for notification purposes at
.....city.....postal code.....,
and telephone number..... and email:....., acting in my
name and within my right

Witness: Name, holder of national
identity document (whose photocopy is enclosed), 18 years of
age or older, with mailing address for notification purposes at
.....city.....postal code.....,
and telephone number..... and email:....., acting in my
name and within my right

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 Department of Histology and Anatomy 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. The cost of transporting my body to the Faculty of Medicine at the Miguel Hernández University of Elche will be covered by my family or by the person authorized. The choice of funeral home to make the transfer, is free. Offer funeral with which the University has an agreement attached.

* 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.



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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.

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 notify the Faculty of Medicine at the Miguel Hernández University of Elche.

Sixth.- Following my death, my body will remain at either the Faculty of Medicine 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.

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 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 Department of Histology and Anatomy 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 Department of Histology and Anatomy of the Miguel Hernández University of Elche.

Intoof.....20....

Donor signature.

Witness signature.

Aimed at Vice President for Research and Innovation