



## Registration Form

I wish to bequeath my body for anatomical examination in relation to teaching and research, and direct that it be offered to HKU Body Donation Programme (BDP), Li Ka Shing Faculty of Medicine, The University of Hong Kong (HKUMed).

### 1. Donor's information \*Mandatory

Name* : ( Chinese ) ( on HKID card )	( English )
HKID No.* :                      _ _ _ X X X ( X ) ( English letter )              ( First 3 digits )	
Date of Birth* : ( Year )              ( Month )	Sex* :              Male / Female
Place of Birth :	
Telephone* : ( Residential )	( Mobile )
Mailing Address* :	

### 2. Terms and conditions ( Please ☒ when you agree, and at + delete as appropriate )

i. I understand and accept that :

- A Great Body Teacher typically serves at the University for a period ranging from 3 months to 4 years. It may go through such processes as professional embalming, anatomy dissection, research and training. HKUMed will then inform the executor of the donor's will or the next-of-kin for cremation arrangement and ashes collection.
- After donating the body, my family shall respect the professional judgment and arrangement of the HKUMed, and will not interfere with its internal operations.
- BDP reserves the right to accept or decline the donation based on the suitability of the body for medical education, research and training, as well as the limitations of the technology and space. It is regrettable that in some cases, the University may need to decline donations, and in such instances, the next-of-kin would be responsible for making alternative after-death arrangements.

ii. I **+ agree / refuse** to receive all future news or information related to BDP by:

☐ Mail

☐ Email ( \_\_\_\_\_ )

iii. I **+ agree / refuse** that specimens be made from my body and those specimens may be scanned/digitised and kept at HKUMed for a much longer period of time for teaching or research purposes.

iv. In signing this document, I declare that I have understood and given my full consent to the above.

Signature:	Date:
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### 3. Information of Contact Person

(Potential donors are suggested to communicate your wish with family members, as we could only accept the donation in the absence of any objection from such persons. You may consider to make a will with your lawyer to ensure your family would act in accordance with your wish. Information collected below is for emergency contact only. Please ask for his/her consent before you provide following personal data. Please inform your executor to contact us for arrangement of donation.)

#### i. Next-of-kin

(A person who is related to another by marriage or blood relationship)

Name :	( Chinese ) 先生 / 女士	( English ) Mr / Ms / Mrs
Telephone :	( Residential )	( Mobile )
Relationship :		

**-If you have no next-of-kin, please provide the contact information of a competent witness-**

#### ii. Witness

(An executor is required to handle the donation procedure and ashes collection afterward. If there is no trustee who can execute your will, please consider to contact a close friend, social worker or doctor as your witness, or consult and authorize the social welfare organizations, making clear your wish of body donation.)

Name :	( Chinese ) 先生 / 女士	( English ) Mr / Ms / Mrs
Telephone :	( Residential )	( Mobile )
Relationship : Close friend / Social worker / Doctor / Others		

☛ Please kindly note that it is 2 pages in total, please return the completed form by fax/ email or post to us.

#### **Statement of Purposes for Collection of Personal data**

1. Registration with the HKU Body Donation Programme and provision of information under this form are voluntary. The personal data contained in this form will be treated with strict confidence for access by authorized personnel for:
  - i. all necessary administrative &/ logistics matters related to body donation;
  - ii. preparing statistics or carrying out research.
2. We would not keep the data any longer than is necessary for the purpose for which the data were collected.
3. Any person has the right to request access to and correct his/her personal data held in our records maintained by the HKU Body Donation Programme, pursuant to sections 18 and 22 of the Personal Data (Privacy) Ordinance, please submit your request to:  
**Great Body Teacher, HKU Body Donation Programme**  
**L1-56, 1/F. Laboratory Block, Faculty of Medicine Building, 21 Sassoon Road,**  
**Pokfulam, HK**  
**Telephone: +852 3917-6334      Fax : +852 2817-0857      Email : hkubdp@hku.hk**