

BODY DONATION DOCUMENT

PERSONAL DATA:

Mr./Mrs.: _____ of legal age,
with ID / Passport _____ , Date of birth _____ ,
health card number _____ , natural of _____ , province of _____ and
address in the street / square / av _____
_____ of the municipality of _____, province of _____
Postal code _____ telephon/s _____ and
e-Mail: _____

That after having been duly informed, read and understood the terms set forth in the information that has been provided to me about the purposes for which my body may be used and the requirements that must be met for the acceptance of the donation of a body for teaching and teaching purposes at the time of my death.

DECLARE that:

1. Making use of my mental faculties and full legal capacity: I donate my body to the Department of Human Anatomy and Embryology of the University of Valencia so that after my death it is used for teaching and teaching or research purposes, provided that it meets the conditions to be admitted. Consent que el material gràfic, producte del treball de recerca sobre el meu cos puga ser publicat en llibres o revistes científiques, però mai exhibit en àmbit alié al món universitari o científic.
2. I consent that my body after death, for the same purposes, can be transferred to another University in Spain, if so decided by the department to which I donate and after obtaining the corresponding permits.
3. I consent to my complete medical history being provided at the time if my body donation became effective.

IDENTIFICATION OF TWO WITNESSES APPEARING:

Witness 1 °	Witness 2º
Signature:	Signature:

It is essential to attach a photocopy of the donor's DNI/NIE and two witnesses and SIP of the donor.

IMPORTANT NOTE: From this decision you must duly inform the relatives, friends or personnel of the health center (in case of hospitalization) who are in charge of notifying immediately after the death to the Department of Human Anatomy and Embryology to which the donation has been made (Tfno: 628 405 373, 24h service).

In _____ to _____ of _____ of 20__

Signature: (The DONOR) _____

Personal data will be processed for research purposes expressly consented to in accordance with current regulations on data protection.

To exercise your rights of access, cancellation, rectification and opposition, you can write to:
ugdanhispat@uv.es

BODY DONATION DOCUMENT

PERSONAL DATA:

Mr./Mrs.: _____ of legal age,
with ID / Passport _____ , Date of birth _____ ,
health card number _____ , natural of _____ , province of _____ and
address in the street / square / av _____
_____ of the municipality of _____, province of _____
Postal code _____ telephon/s _____ and
e-Mail: _____

That after having been duly informed, read and understood the terms set forth in the information that has been provided to me about the purposes for which my body may be used and the requirements that must be met for the acceptance of the donation of a body for teaching and teaching purposes at the time of my death.

DECLARE that:

3. Making use of my mental faculties and full legal capacity: I donate my body to the Department of Human Anatomy and Embryology of the University of Valencia so that after my death it is used for teaching and teaching or research purposes, provided that it meets the conditions to be admitted. Consent que el material gràfic, producte del treball de recerca sobre el meu cos puga ser publicat en llibres o revistes científiques, però mai exhibit en àmbit alié al món universitari o científic.
4. I consent that my body after death, for the same purposes, can be transferred to another University in Spain, if so decided by the department to which I donate and after obtaining the corresponding permits.
3. I consent to my complete medical history being provided at the time if my body donation became effective.

IDENTIFICATION OF TWO WITNESSES APPEARING:

Signature:	Signature:
------------	------------

It is essential to attach a photocopy of the donor's DNI/NIE and two witnesses and SIP of the donor.

IMPORTANT NOTE: From this decision you must duly inform the relatives, friends or personnel of the health center (in case of hospitalization) who are in charge of notifying immediately after the death to the Department of Human Anatomy and Embryology to which the donation has been made (Tfno: 628 405 373, 24h service).

In _____ to _____ of _____ of 20__

Signature: (The DONOR) _____

Personal data will be processed for research purposes expressly consented to in accordance with current regulations on data protection.

To exercise your rights of access, cancellation, rectification and opposition, you can write to:

ugdanhispat@uv.es