



Museum of Human Disease

Donor Consent Form for Surgical Donations

Donor's full name:	
Residential address:	(Please notify the Museum of Human Disease of any change of address)
Phone:	
Email:	
Specimen type:	
Brief description:	<i>Describe what part of the body the specimen is and the pathology of it</i>

I, _____ (the Donor), consent to (tick as appropriate):

Initial:

