

I hereby wish to WITHDRAW my consent to donate part of my body to the UNSW Museum of Human Disease.

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Signature

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Date

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Please PRINT name and address

Please mail this original form to:

Museum of Human Disease  
Ground Floor, Gordon & Jacqueline Samuels Building  
UNSW Sydney NSW 2052

A scanned copy can also be emailed to [diseasemuseum@unsw.edu.au](mailto:diseasemuseum@unsw.edu.au)

We thank you for your time and consideration.