

## Data Sheet for Cadaver Donation

### Details of the Deceased

Full Name : .....

NIC No : ..... Date of Birth : .....

Age : ..... Sex : .....

Race : ..... Religion : .....

Marital Status : .....

Place of Birth & District : .....

Occupation at the Time of Death : .....

Address at the Time of Death : .....

### Details of Immediate Relations (Spouse/Children/Siblings)

Name	Relationship	NIC No

### Parents if Less than 18 Years Old

	Name	NIC No	Age
<b>Mother</b>			
<b>Father</b>			

Past Medical History : .....

Past Surgical History : .....

Other Diseases : .....

Cause of Death : .....

Date & Time of Death : .....

Place of Death : .....

Herewith I Give Consent to Use the Cadaver of the Above Named Person for Medical Research and Educational Purposes.

.....  
Date

.....  
Signature

### Details of the Person Handing Over the Cadaver

Full Name : .....

Relationship : .....

NIC No : .....

Telephone No : .....

Address : .....

Occupation : .....