

Anatomical Examinations and Anatomy Licensing (PD2023_44)

Section 10 Anatomy Act 1977 (NSW)



REGISTER OF ANATOMICAL SPECIMENS

Name of deceased: _____

Donor number: _____

Sex (male/ female/ another term): _____

Date of birth: _____

Date body received: _____

Body or tissue received from: _____

Name: _____

Address: _____

Phone: _____

Date of death: _____

Place of death: _____

Last place of residence: _____

Cause of death: _____

Removal date for cremation or burial: _____

Removed by: _____

Contracting Funeral Director: _____

Name of Funeral Director: _____

Address of Funeral Director: _____

Contact number of Funeral Director: _____