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THIRD PARTY BODY DONATION

TO THE FACULTY OF MEDICINE AND ALLIED HEALTH SCIENCES UNIVERSITY OF STELLENBOSCH

Division: Clinical Anatomy
Faculty of Medicine and Health Sciences
P. O. Box 241
Cape Town, 8000

I (Full Names and ID Numbers – attach copy of ID) –

Address: _____

Telephone: _____

Email: _____

Information of the deceased:

Name: _____ ID no. _____

Hereby donate the body, in accordance with the National Health Act, to the Division of Clinical Anatomy. I consent to the following (Tick where applicable):

- Any and all teaching and research purposes
- Transportation to other research institutions if necessary
- Retention of tissue – for education and research purposes

Upon completion, all bodies will be cremated unless otherwise specified.

Signature: _____ Date: _____

1. Witness (name): Tel. Nr:

Signature:

2. Witness (name): Tel. Nr:

Signature:

Enquiries: Mr. Cameron Stuurman
021-938 9416
Email: cstuurman@sun.ac.za

Mrs F. Sharief (secretary)
021-938 9397
Email: sharief@sun.ac.za



Fakulteit Geneeskunde & Gesondheidswetenskappe
Faculty of Medicine & Health Sciences



Verbind tot Optimale Gesondheid • Committed to Optimal Health

Afdeling Anatomie & Histologie • Division Anatomy & Histology
DEPARTEMENT BIOMEDIESE WETENSKAPPE • DEPARTMENT OF BIOMEDICAL SCIENCES



Tygerbergkampus • Tygerberg Campus

Posbus/PO Box 241 • Kaapstad/Cape Town 8000 • Suid-Afrika/South Africa • Tel +27 21 938 9397 • epos/email: sharief@sun.ac.za