

Criteria Form McGill University

*If all criteria are marked YES, please submit this form along with a copy of the donor card (or other authorization) by e-mail to **bodydonor@mcgill.ca**.*

1. IDENTIFICATION OF THE DECEASED			
SURNAME :		FIRST NAME :	
SEX : F <input type="checkbox"/> M <input type="checkbox"/>	AGE :	WEIGHT :	HEIGHT :
2. PLACE OF DEATH			
NAME OF INSTITUTION :		TEL. :	FAX :
3. CRITERIA		YES	NO
The body is in an adequate state of preservation.		<input type="checkbox"/>	<input type="checkbox"/>
Transport to the University can be guaranteed within a period of 48 hours (please note that this period can be reduced during periods of extreme heat).		<input type="checkbox"/>	<input type="checkbox"/>
The body is not afflicted by a contagious disease or by extreme jaundice : e.g. Hepatitis A/B/C, HIV/AIDS, septicemia, toxic shock, MRSA, SARS, C. difficile, jaundice. (Please contact the University for any questions)		<input type="checkbox"/>	<input type="checkbox"/>
The body has not been the victim of a major accident or suicide (medically-assisted is accepted).		<input type="checkbox"/>	<input type="checkbox"/>
The body has not been autopsied or embalmed.		<input type="checkbox"/>	<input type="checkbox"/>
The body has not undergone a major surgical procedure in the last 2 months and has not undergone the donation of a major organ. (Vascular integrity must be present)		<input type="checkbox"/>	<input type="checkbox"/>
The body is that of an adult (18+).		<input type="checkbox"/>	<input type="checkbox"/>
The body does not surpass height/weight limits, and does not have a height of more than 6'3". <i>*Please refer to the BMI appendix. A BMI range of 16 – 28 is acceptable for a male, and a BMI range of 16 – 27 is acceptable for a female.</i>		<input type="checkbox"/>	<input type="checkbox"/>
The body has not been severely deformed by disease (e.g. curled/shriveled limbs).		<input type="checkbox"/>	<input type="checkbox"/>
4. PROOF OF AUTORISATION FOR BODY DONATION			
DONOR CARD <input type="checkbox"/> LEGAL WILL <input type="checkbox"/> OTHER <input type="checkbox"/>			
5. FAMILY MEMBER IDENTIFICATION			
SURNAME :		FIRST NAME :	
ADDRESS :			
TELEPHONE:	CELL :	RELATIONSHIP :	
6. COMMENTS			

 NAME OF MEDICAL PERSONNEL

 SIGNATURE

 DATE

**AUTHORIZATION FORM (OPTION 1):****AUTHORIZE A BODY DONATION
AFTER THE PERSON'S DEATH**

IDENTIFICATION OF DECEASED

NAME	
DATE OF BIRTH	
DATE OF DEATH	
PLACE OF DEATH	

WITNESS 1

NAME	
TELEPHONE NUMBER	
SIGNATURE	
DATE OF SIGNATURE	

WITNESS 2

NAME	
TELEPHONE NUMBER	
SIGNATURE	
DATE OF SIGNATURE	



**AUTHORIZATION FORM (OPTION 2):
REPLACING A DONOR CARD DURING ONE'S LIFETIME**

PATIENT IDENTIFICATION

NAME	
DATE OF BIRTH	
SIGNATURE	
DATE OF SIGNATURE	

WITNESS 1

NAME	
TELEPHONE NUMBER	
SIGNATURE	
DATE OF SIGNATURE	

WITNESS 2

NAME	
TELEPHONE NUMBER	
SIGNATURE	
DATE OF SIGNATURE	