

CRITERIA FOR ELIGIBILITY - MCGILL UNIVERSITY

If all criteria are marked YES, please submit this form along with a copy of the SP3 and the donor card (or other authorization form) 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". *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.		<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"/> FAMILY REQUEST <input type="checkbox"/>			
5. FAMILY MEMBER IDENTIFICATION			
SURNAME :		FIRST NAME :	
ADDRESS :			
TELEPHONE:	CELL :	RELATIONSHIP :	
6. COMMENTS			

NAME OF MEDICAL PERSONNEL

SIGNATURE

DATE

ANNEXE 2

Indice de masse corporelle (IMC)

TAILLE		INDICE DE MASSE CORPORELLE (IMC)																																		
pieds	cm	12	13	13	14	15	16	17	18	18	19	20	21	22	22	23	24	24	26	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41
6'4	192.5	12	13	13	14	15	16	17	18	19	20	20	21	22	23	24	24	25	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41	
6'3	190	12	13	14	15	16	16	17	18	19	20	20	21	22	23	24	24	25	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41	
6'2	187.5	13	13	14	15	16	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41		
6'1	185	13	14	15	15	16	17	18	19	20	21	22	22	23	24	25	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41			
6'0	182.5	13	14	15	16	17	18	19	20	20	21	22	23	24	24	26	27	28	29	29	30	31	32	33	34	34	36	37	38	39	40	41				
5'11	180	14	15	15	16	17	18	19	20	21	22	23	24	24	26	27	27	28	29	30	31	32	33	34	34	36	37	38	39	40	41					
5'10	177.5	14	15	16	17	18	19	20	21	22	23	23	24	25	26	27	28	29	30	31	32	33	34	34	36	37	38	39	40	41						
5'9	175	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	34	36	37	38	39	40	41							
5'8	172.5	15	16	17	18	19	20	21	22	23	24	24	26	27	28	29	29	31	32	33	34	34	36	37	38	39	40	41	42							
5'7	170	15	16	17	18	19	20	21	22	24	24	26	27	28	29	29	31	32	33	34	34	36	37	38	39	40	41	42	43							
5'6	167.5	16	17	18	19	20	21	22	23	24	25	26	27	29	29	31	32	33	34	34	36	37	38	39	40	41	42	43	45							
5'5	165	16	17	18	19	21	22	23	24	24	26	27	28	29	30	32	33	34	34	36	37	38	39	40	42	43	44	45	46							
5'4	162.5	17	18	19	20	21	22	23	24	26	27	28	29	30	31	33	34	34	36	37	38	39	41	42	43	44	45	46	47							
5'3	160	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	34	36	37	38	39	41	42	43	44	45	46	48	49							
5'2	157.5	18	19	20	21	23	24	24	26	27	29	29	31	32	33	34	36	37	38	40	41	42	43	44	46	47	48	49	50							
5'1	155	18	20	21	22	23	24	26	27	28	29	31	32	33	34	36	37	38	40	41	42	43	45	46	47	48	50	51	52							
5'0	152.5	19	20	21	23	24	25	27	28	29	31	32	33	34	36	37	38	40	41	42	43	45	46	47	49	50	51	52	54							
4'11	150	20	21	22	24	24	26	28	29	30	32	33	34	36	37	38	40	41	42	44	45	46	48	49	50	52	53	54	56							
4'10	147.5	20	22	23	24	26	27	28	29	31	33	34	35	37	38	40	41	42	44	45	46	48	49	51	52	53	55	56	57							
4'9	145	21	22	24	25	27	28	29	31	32	34	35	37	38	39	41	42	44	45	47	48	49	51	52	54	55	57	58	59							
4'8	142.5	22	23	24	26	28	29	31	32	33	34	36	38	39	41	42	44	45	47	48	50	51	53	54	56	57	59	60	62							
POIDS	kg	44	47	50	53	56	59	62	65	68	71	74	77	80	83	86	89	92	95	98	101	104	107	110	113	116	119	122	125							
	lbs	97	103	110	117	123	130	136	143	150	156	163	169	176	183	189	196	202	209	216	222	229	235	242	249	255	262	268	275							

ANNEXE 9

FAMILY AUTHORIZATION FORM
BODY DONATION FOR TEACHING AND RESEARCH

I, _____, affirm the wish to donate the body of the individual indicated below to a teaching institution.

Name of deceased : _____

Date of death : _____

Place of death: _____

Relation to deceased: _____

Signature of Family Member

Date

Telephone Number

Signature of Witness

Date

Telephone Number

ANNEXE 5

AUTHORIZATION FORM
TELEPHONE DECLARATION BY THE FAMILY FOR
BODY DONATION FOR TEACHING OR RESEARCH

IDENTIFICATION OF THE DECEASED

NAME : _____

DATE OF DEATH : _____

PLACE OF DEATH: _____

FAMILY IDENTIFICATION

NAME : _____

RELATIONSHIP : _____

TELEPHONE # : _____

Signature of institution staff

Date

Telephone #

Signature of witness at institution

Date

Telephone #