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SCHEDULE

Regulations 7 and 8

Form M

Certificate of Authorisation for the disposal of a body following anatomical examination

**Section 27A of the Registration of Births, Deaths and Marriages
(Scotland) Act 1965**

I, (Insert name of licensed Teacher of Anatomy.....) request that the body of the deceased as stated below is disposed of by (Name of Disposal Authority.....)

Name of deceased: University Ref No:

Date of birth: Sex:

Date of death: Place of death:

I confirm that no body parts have been retained under the Anatomy Act 1984.

I confirm that the part(s) of the body listed below have been retained from the body under the Anatomy Act 1984. These will be disposed of by an appropriate disposal authority at a later date.

PARTS RETAINED BY ANATOMY DEPARTMENT	

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in the body.

Signature:

Date:.....

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FORM N

Certificate of Authorisation for disposal of parts of a body

Section 27A of the Registration of Births, Deaths and Marriages Act (Scotland) Act 1965

Please complete as appropriate:

Anatomical Examination

I, (insert Name of licensed Teacher of Anatomy)..... request that the body part(s) described below is/are cremated by (insert Disposal Authority).

I confirm that the body part(s) described below was/were retained from the body of the deceased indicated below which was/were donated to (Insert University Name.....) under the Anatomy Act 1984.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in the body part(s).

Post- Mortem Examination

I, (Insert name of Doctor / Pathologist including medical qualifications) confirm on behalf of (Insert name of Authority lawfully retaining the body parts.....) that there exists no reason for any further inquiry or examination concerning the body parts listed and that they are (with consent of the Procurator Fiscal, if appropriate) now released for disposal.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in the body part(s).

Anatomy Ref. No. (If applicable)	Name of deceased and Date of Death	Date of original disposal (If applicable)	Original Disposal no. (If applicable)	Parts for Disposal	C / I* (see below)

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*C: Complete or I : Incomplete – Indicate if there are parts still retained or if the cremation of the body will then be complete

Signature:

Date:.....

Business contact number