

# THE ANATOMY ACT - PROVINCE OF ONTARIO

By completing and submitting this Anatomy Act Consent Form you are **expressing your interest** in donating your body to the University of Toronto – Division of Anatomy for Anatomical Study and Medical Research. Please be advised that this **does not guarantee** your body donation will be accepted. The Division of Anatomy reserves the right to refuse a body based on an assessment that takes place **at the time of death** (reasons for refusal include, but are not limited to, height and weight limitations, communicable diseases and unhealed surgical wounds; please refer to our Donation Booklet or call 416-978-2692 for further details). Upon acceptance, our transportation service will require the next of kin, or executor of the estate, to complete a final consent form authorizing the donation. All donated bodies will be retained for up to 3 years and cremated. Bodies cannot be returned to the next of kin or executor prior to cremation.

## Complete *either* Part I or Part II of this form

**PART I** THIS SHOULD BE COMPLETED BY THE PERSON WISHING TO DONATE HIS/HER BODY.

### DONATION OF BODY TO THE SCHOOL OF ANATOMY

I, \_\_\_\_\_  
(Print Full Name)

having attained the age of 16 years, hereby consent in accordance with Section 4 of The Trillium Gift of Life Network Act, to the use of my body after death for medical education or for scientific research at the School of Anatomy at the **University of Toronto**.

DATED AT: \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_  
(City)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Donor

**PART II** THIS SHOULD BE COMPLETED BY THE NEXT-OF-KIN OR EXECUTOR ONLY IF THE DONOR IS UNABLE TO COMPLETE PART I OF THIS FORM.

### DONATION OF BODY TO THE SCHOOL OF ANATOMY BY NEXT-OF-KIN OR EXECUTOR

I, \_\_\_\_\_  
(Print Full Name)

being the next-of-kin or executor of

\_\_\_\_\_  
(Print Full Name of Donor)

hereby consent in accordance with Section 5 of The Trillium Gift of Life Network Act, to the use of the said body after death for medical education or for scientific research at the School of Anatomy at the **University of Toronto**.

DATED AT: \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_  
(City)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Signature of Executor/Next of Kin

**Please send the completed Consent Form to:**

**Division of Anatomy, 1 King's College Circle, Room 2374, University of Toronto, Toronto, Ontario M5S 1A8**

If you would like acknowledgement of receipt of this form, please provide your email address, or contact us at 416-978-2692 at least 2 weeks after mailing the form:

\_\_\_\_\_  
Email Address

April 2025