



## Care-X Social Services Community Organ Donation Agreement Form

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### 01. Particulars of the Donor

01. Name in full .....
02. Date of Birth .....
03. Address .....
04. Telephone No. ....
05. National I.D. No .....
06. Are you suffering from the following
- |              |        |
|--------------|--------|
| a) HIV       | Yes/No |
| b) Hepatitis | Yes/No |
| c) Cancer    | Yes/No |
| d) Any other | Yes/No |
07. Any major operations done .....

### 02. Particulars of the next of kin

01. Name in full .....
02. Date of Birth .....
03. Address .....
04. Telephone No .....
05. National I.D. No .....

I do hereby give my consent to donate my body to the Department of Anatomy, Faculty of Medical Sciences of the University of Sri Jayewardenepura to be used for the purpose of medical, health education and medical research.

Yours faithfully,

.....  
Signature

.....  
Date