



FORM 7

REVOCAATION OF CONSENT

This form must be completed by the Donor if, after originally giving consent, the Donor determines to withdraw that consent. It should be sent to Macquarie University at the following address:

**The Body Donation Program
Faculty of Medicine and Health Sciences
2 Technology Place
Macquarie University NSW 2109
E: bodydonationprogram@mq.edu.au**

I wish to revoke the donation of my body to Macquarie University.

Title: (Dr/Mr/Mrs/Miss/Ms/Professor) _____

Family name: _____

Other name/s: _____

Address: _____

Date of birth: _____/_____/_____

Telephone: Home: _____ **Work:** _____ **Mobile:** _____

Email address: _____

Signed: _____ **Date:** _____

Witness (must be over 18 years of age):

Title: (Dr/Mr/Mrs/Miss/Ms/Professor) _____

Family name: _____

Other name/s: _____

Signed: _____ **Date:** _____

Office use only: This section of the form is to be completed by Macquarie University and returned to the Donor as soon as practicable after receipt of the revocation.

Macquarie University acknowledges receipt of the Donor's revocation of consent.

Signed: _____ **Date:** _____