

Museum of Human Disease

Donor Consent Form for Surgical Donations (under-18s)

Donor 's full name:	
Residential address:	(Please notify the Museum of Human Disease of any change of address)
Phone:	
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Specimen type:	
	Describe what part of the bod4 T (r)-451 (b)7430be b40 0 cb40 0 cr4 6.0b

Brief description: