Academy For Silent Mentor Agreement of Voluntarily Body Donation for Medical Education and Research

Introduction:

The Body donation programme at AFSM training centre is reliant on the community for the gift of body donation to aid health care professionals in their education of the anatomical concept of the human body and surgical simulation training. Therefore, the body donation programme is considered a "Silent Mentor Programme" with a combination of Science, technology and humanity that weaves professional training with humanistic appreciation.

Statement of Criteria:

(i) For a body donation to the AFSM training centre, the following criteria must be met:

- 1. After the death, the donor is willing to provide his/her body to AFSM training centre of Cheras (hereinafter referred to as AFSM@Cheras) for human anatomy teaching, surgical simulation and applied science / medical research, in accordance with specific criteria of guidelines.
- 2. In order to keep the integrity of body for surgical simulation and anatomical teaching deep freezing technology will be used by AFSM training Centre.
- 3. AFSM training Centre does not accept the donations of following bodies:
 - A) Death due to infectious diseases by the statutory suffering according to the notification requirement by the Department of Health Disease Control. (Appendix 1)
 - B) Upon death, the body has large wounds which do not heal. (To be determined by the AFSM Humanitarian Committee)
 - C) Drowning death.
 - D) Have undergone post-mortem or as organ donor (except cornea or unless there is a prearrangement with the National Organ Donation Centre for logistic issues).
 - E) Committed suicide.
 - F) Objection by family members.
 - G) Foreigners (unless the donors have obtained a letter of release of body from their respective High Commissioner Office in Malaysia)
 - H) Death in foreign countries.
- (ii) For the two (2) trustees, the following criteria must be met:
 - 1. The legitimate spouse and/or children of the deceased donor.
 - 2. The registered domestic partner of the deceased donor.

3. Agent for the deceased donor with power of attorney for healthcare and have the right and duty of disposition.

4. The declared claimant of the deceased donor and have completed the attached affidavit in support of this claim.

Body Donation Protocol:

- 1. The procedures to fill Voluntary Body Donation Consent Form
 - 1.1. The consent form should be filled by the volunteer who is willing to donate his/her body.
 - 1.2. To hand in photocopy of IC and/or passport together with the donation form.
 - 1.3. The voluntary donation form can be obtained at:

AFSM Training Centre, Academy For Silent Mentor, Unit2.1, No 1 Jalan Kuari , Cheras 56100 Kuala Lumpur. Mobile no: 0126898970, 0102478617, 03 9131 5523 Website : www.isilentmentor.com facebook page : Academy For Silent Mentor 2. Procedure for transfer of donor's body:

2.1. When the willing donor is in critical condition during hospitalization, the family members may notify the AFSM training centre. The manager will contact the relevant personnel immediately. Immediate action according to the protocol will be carried out as follow:

- Assessing the status of the donor's body condition, that is suitable for body donation.
- Collection of blood test and screening for infectious diseases as required for health hazard control.

2.2. After being notified immediately by family members that donor has passed away, the manager will arrange transport to send the donor's body to AFSM training centre and body should be arrived at AFSM training centre within 6-8 hours of death.

2.3. AFSM training centre must obtain a valid death certificate of donor from the referring hospital, upon receiving the body in AFSM, before the body is stored in the deep freezer.

2.4. If the donor has not filled the donation form, it can be done on behalf by sole legal representative, with a photocopy of IC and passport.

3. Treatment of the donor's body after the workshop teaching:

3.1. Upon permission of the family (via telephone inquiries), part of the organs will be kept by the AFSM for longer period of research study and preservation.

3.2. The medical students or doctors must suture all incisions carefully.

3.3. The care of the body are commissioned by the AFSM training Centre for memorial service and funeral cremation at Nilai Memorial Park of Xiao-En Group.

3.4. Ashes esteeming:

- The ashes will be collected by the family at Nilai Memorial Park or Xiao En Centre Cheras the day after cremation for esteeming.
- If the remaining ashes are unclaimed by family, it will be placed at AFSM and AFSM will notify the family members the esteeming location and to consider for Sea Burial.
- 3.5. The AFSM will take full responsibility of the body if the donor has no family member and the body will be handled by Nilai Memorial Park for cremation.
- 4. To thank the donors for the contributions to medical education and research, the AFSM training centre will hold an annual memorial ceremony on a regular basis and invite the families to participate.

捐赠者签名 Initials _____

Appendix 1:

Category I infectious diseases: smallpox, plague, severe acute respiratory syndrome (SARS), rabies, H5N1 influenza

Category II infectious diseases: diphtheria, typhoid fever and paratyphoid fever, dengue fever epidemic of cerebrospinal meningitis, polio / acute paralysis, bacillary dysentery, amoebic dysentery, malaria, measles, acute viral hepatitis A, Enterohemorrhagic E. coli infection, hantavirus syndrome, cholera, German measles, multiple drug-resistant tuberculosis, Chikunguya disease, West Nile fever, epidemics of typhus.

Category III infectious diseases: pertussis, tetanus, Japanese encephalitis, tuberculosis (MDR-TB in addition to outside), leprosy, congenital German measles syndrome, acute viral hepatitis (B, C, D, E-type), mumps, Legionnaires' disease, invasive Haemophilus type B infection, syphilis, gonorrhea, neonatal tetanus, severe enterovirus infection complicated.

Category IV infectious diseases: herpes B virus infection, the hook end of spiral body disease, type of Burkholderia, botulism, invasive Streptococcus pneumoniae infection, Q fever, endemic typhus, Lyme disease, tularemia, chigger insect disease, chicken pox, cat scratch disease, toxoplasmosis infection, influenza with severe complications.

Category V infectious diseases: cracking Valley fever, Marburg hemorrhagic fever, yellow fever, viral hemorrhagic fever.

Other: AIDS, *Chlamydia psittaci*, acute paralysis without force, Hend pull up one hundred virus and viral infection, type II streptococcal infection, viral gastroenteritis.

捐赠者签名 Initials _____

(THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK)

We are grateful that you have the great compassion of contributions to the medical education. To allow the future of medical students and you have the closest contact, please write down your words for the medical students. 我们感恩你的用心将爱洒于医学教育,为了让您与未来学习的医学生有进一步的接触,请在此写下您要与他们分享的信息。

Thanks for your support and love to our AFSM, please write down the overview of your medical history and send the consent form to AFSM Training Centre. Thank you. 在此我们也谢谢你的大爱付出,为了让我们更进一步了解你目前的身体状况,请为我们提供你的疾病史,比如你有过什么手术之类的。如果没有就留白。谢谢.

Academy For Silent Mentor Volunteer Body Donation Consent Form: <u>By Donor</u>

I,	捐赠者姓名 after	the death, will contribute in the
ACADEMY FOR SILENT ME	th, voluntarily donate my body to NTOR for teaching and research particular to the second part least 18 years of age. I hereby signal to the second s	purposes pursuant to the term and
Volunteer who sign up the form:		
Name 捐赠者姓名		
Sex: Male 男 / Female 女	Religion 宗教信仰 :	
NRIC 身份证号码 :		
Occupation 职业 :		
Date of Birth 生日日期:		
Address 联络地址 :		
Tel Number 联络电话号:		
To accomplish the will after my is preferred)	death, I will designate two (2) trus	tees (spouse or family relationship
1 st Trustee Name 第一信托人姓	名:	
NRIC 身份证号码 :		
2 nd Trustee Name 第二信托人姓	名:	
NRIC 身份证号码 :		

I and trustee, have carefully read and considered all of the information contained in this Agreement, and I have expressed the wish to donate my body to AFSM Training centre for storage, education and research purposes, which I and my trustees have no objection.

Tick the following options:

1. Allow the body for $*^1$

□ Gross anatomy teaching (soft cadaver treatment) 解剖教学 (防腐技术)

□ Surgical simulation (rapid freezing treatment) 模拟手术教学(急速冷冻技术)

- 2. After cremation the ashes of the donor *2 火化后的骨灰处理
- □ Return back to the family 交回给家属
- □Full treatment by the AFSM training centre for sea burial 无语良师学院以海葬处理

*¹ If both "gross anatomy" and "surgical simulation" options are chosen, the donor's body will be stored for either kind of teaching situation based on the availability of the freezer in order to fulfill the donor wish to donate his or her respectful body.

 $*^{2}$ If full treatment by the AFSM training centre option is chosen, remaining ashes of donors will be placed in AFSM temporarily and AFSM will schedule the ashes to be spread over in Straight of Melaka at Port Klang every quarter. This applies to unclaimed ashes for more than three (3) months after cremation.

Date	日期:	

Signature of Donor 捐赠者签名

IN THE PRESENCE OF 见证人

Name	姓名	:

NRIC 身份证号码:_____

Designation 职业 :_____

Signature: _____

(Witness for Signature of Donor)

见证人签名

• After complete the information above, send the form together with a photocopy IC or passport of donor.

Academy For Silent Mentor Unit 2.1, No 1 Jalan Kuari, Cheras, 56100 Kuala Lumpur, Malaysia Tel: (03) 9131 5523 Mobile No : 0126898970, 0102478617

Form 2

Academy For Silent Mentor Voluntary Body Donation Consent Form: <u>By Trustee</u>

Consent were established by	
1 st Trustee 第一信托人姓名	,
2 nd Trustee 第二信托人姓名	,
on behalf of (Voluntary donor)捐赠者姓	
for the donation of his/her body to AFSM trainin accordance with medical education and research	ng centre of Academy For Silent Mentor to be used in purpose.
Name of establishment of consent (1 st Truster	e)第一信托人姓名:
NRIC 身份证号码:	
Relationships with Donor 与捐赠者的关系:	
Tel No 电话号码:	
Address 联络地址:	
	d all of the information contained in this Agreement, to AFSM Training centre for storage, education and
Signature 签名:	Date 日期:
IN TH	E PRESENCE OF
Name 名字 :	
NRIC 身份证号码 :	
Designation 职业 :	
Signature :	Date 日期:
(Witness for Signature of Trustee) 见证人签名	

Name of establishment of consent (2nd Trustee) 第二信托人姓名:

NRIC 身份证号码:_____

Relationships with Donor 与捐赠者关系:_____

Tel No 联络电话号:_____

Address 地址:_____

I as a trustee, have carefully read and considered all of the information contained in this Agreement, and expressed the wish to donate deceased body to AFSM Training centre for storage, education and research purposes, which I have no objection.

Signature 签名:	Date 日期:	
	IN THE PRESENCE OF 见证人	
Name 姓名	:	
NRIC 身份证号码	:	
Designation 职业	:	
Signature :	Date 日期:	
(Witness for Signature	e of Trustee) 见证人签名	
Send the form to below address by post laju, or post express. Thanks. 表格快递至此地址。谢谢		

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