

SCHEDULE 2

RECEIPT OF A BODY PART

Part 1 –

Information about receipt

1. Name and address of the hospital or other place at which the donor's body part was received.
2. Where the body part was received in–
 - (a) a hospital managed by a Special Health Board, the name of that Special Health Board; or
 - (b) a hospital other than one managed by a Special Health Board or in any other establishment which is not a hospital, the name of the Health Board for the area in which the removal of the body part was received.
3. In any case where the donor's body part is not transplanted into a recipient, a statement of–
 - (a) the reason why not; and
 - (b) the manner of disposal of the donor's body part, where the body part is not to be retained and used for the purposes of research, education, training or audit.