



U.R Number

Surname

Given Name(s)

Date of Birth

Consent for Post Mortem Examination

AFFIX PATIENT LABEL HERE

Name of person being requested to consent for Post Mortem

Relationship to deceased

DO NOT COMPLETE THIS FORM IF THE CASE HAS BEEN REFERRED TO THE CORONER

HAS CONSENT FOR POST MORTEM BEEN SOUGHT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAS CONSENT FOR POST MORTEM BEEN GRANTED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

IF CONSENT HAS NOT BEEN GRANTED, SIGN AND DATE BELOW.

Name and signature of Medical Officer certifying death if consent for post mortem is not granted:

Name Signature Date

IF CONSENT HAS BEEN GRANTED, COMPLETE THE REMAINDER OF THIS FORM.

There are two options concerning a post-mortem examination. Please indicate you chosen option with a cross (X).

Option 1, Consent without Conditions:

I consent to a post-mortem examination of any part of the body of the deceased
 I understand that as part of a thorough post-mortem examination, it is always necessary to take and keep very small samples of tissue or bodily fluids for testing, and that sometimes larger parts of the body such as organs need to be kept for further testing also.

I consent to any necessary part of the body being kept and tested for the purposes of a thorough post-mortem examination.

I consent to donate tissues or parts of the body of the deceased to be used for research approved by the hospital ethics committee, or education, or other medical and scientific purposes approved by the hospital.

I have no reason to believe that the deceased had expressed any objection to the performance of a post-mortem.
 I understand the reasons for performing the post-mortem, the nature of the post-mortem examination and the implications with respect to keeping and disposal of tissue by the hospital, as explained to me by:

I request that a copy of the post-mortem report be provided to Dr:

Address:

Please sign & date the final boxes overleaf

Option 2, Consent with Conditions: (Please complete questions on page 2)

I consent to a post-mortem examination of the body of the deceased, but with some conditions about the extent of the examination, or about the retention, use and disposal of part of the body. I have answered the questions about these matters on **page 2** of this form.

I have no reason to believe that the deceased had expressed any objection to the performance of a post-mortem.

I understand the reasons for performing the post-mortem, the nature of the post-mortem examination and the implications with respect to keeping and disposal of tissue by the hospital, as explained to me by:

I request that a copy of the post-mortem report be provided to Dr:.....

Address:

Please sign & date the final boxes on page 2

Consent for Post Mortem Examination

M231.0





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If you have chosen Option 2, please answer all these questions by marking your choices with a cross (X).

- 1 Post-mortem examination may include the whole of the body, or be limited to parts of the body. In both cases, this always involves taking and keeping small tissue samples and bodily fluids for testing
- (a) I consent to a post-mortem examination of any part of the body of the deceased
- OR
- (b) I consent to a limited post-mortem examination of the body of the deceased, which includes the following parts of the body

Tissue retention for post-mortem:

- 2 As part of a thorough post-mortem examination, larger parts of the body, such as organs, sometimes need to be kept for further testing. Do you give consent for parts of the body to be kept by the hospital for testing?
- (a) I consent to any necessary part of the body including organs being kept and tested for the purposes of a thorough post-mortem examination.
- OR
- (b) I consent to only the following parts of the body or organs being kept and tested for the purposes of a thorough post-mortem examination

OR

- (c) I do not consent to any part of the body (except for small tissue samples and bodily fluids) being kept for testing. (if ticking this option go straight to question 4)

Tissue disposal

- 3 If you consented to the hospital keeping parts of the body including organs for testing, what would you like done with these parts of the body when testing is finished? Small samples and bodily fluids cannot be returned, and must be kept by the hospital. (Do not answer this question if you have selected 2c)
- (a) After the testing is finished, I want the hospital to dispose of the parts of the body in a safe and hygienic way.
- OR
- (b) After the testing is finished, I want the parts to be reunited with the body of the deceased, **either** [delete one] prior to burial or cremation This may delay the funeral and must be discussed with the pathologist) or at a later date (this should be discussed with the funeral director as it may involve extra charges).

Tissue retention for other purposes

- 4 Sometimes it is helpful for tissue from post-mortem examinations to be used for research, education, and other medical and scientific purposes. The body of the deceased and any donated tissue will be treated respectfully. Do you wish to donate tissue or parts of the body of the deceased for research approved by the hospital ethics committee, for education, or for other medical and scientific purposes?
- (a) I consent to the use of any tissue samples and parts of the body of the deceased to be used for
 Research, Education, Other medical or scientific purposes approved by the hospital.
- OR
- (c) I do not consent to donate tissue and parts of the body from the deceased.

Signature of person giving consent (senior next of kin) if present in person:	Date:	*If consent is being given by telephone, a second person must witness the consent and sign below
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Witness statement: I have explained the nature and extent of the post-mortem examination, and believe that the person giving consent has understood the explanation.

Name and signature of medical officer obtaining and witnessing consent: _____ Date: _____

*Name and signature of 2nd person witnessing consent: _____ Date: _____

Has a copy of this form been given to the next of kin? Yes No

Consent for Post Mortem Examination

M231.0

DPM, POST MORTEM RISK ASSESSMENT

FOR-APMO-003
 Version of Document: Version 4
 Date of Authorisation of Original Document: 08 August 2010

Document Prepared by: A.McDonald
 Document Authorised by: T. leong
 Date of Authorisation of this Version: 7 June 2012

Place patient bradma label here

Place P number here

QUESTION	Y/N	ACTION
Do the clinical circumstances suggest that the death is reportable?		
Has the consent form been completed and signed?		
Has consent for autopsy been obtained from the Senior Next of Kin? (Refer to front of death certificate for definition)		
Have you ascertained whether the autopsy is full or limited, and what restrictions have been placed on the retention of tissue?		
Is the patient known to have positive HIV, hepatitis C, hepatitis B or viral haemorrhagic fever serology? (check)		
Did the patient have microbiological evidence of influenza ? (check)		
Does the patient have a history of tuberculosis, or was tuberculosis considered as a clinical possibility (including on the basis of radiological findings)?		
Did the patient die from a community acquired respiratory illness of undermined cause?		
Did the patient die in the setting of rapidly progressive dementia (raising the possibility of CJD or other spongiform encephalopathies)?		
Is the case suitable for LICR laboratory donation (consent without conditions, no known infectious hazard)?		
Is the case suitable for attendance by medical students (non-infectious)?		

Registrar signature: _____

Pathologist signature: _____

Date: _____

REFERENCES

SOP-APMO-003 DPM, Documentation Requirements

SOP-APMO-007 DPM, Performing a Post Mortem