

Post Mortem Consent (Non Coroners)

Please ensure you attach the correct visit patient label

Where consent is gained verbally the Clinician must complete the form and note reason.

SECTION 1 *(Next of kin to complete)*

I, _____
have had the post-mortem explained to me and I give consent for a post-mortem to be performed
on _____ who died on _____
My relationship to the person / child / baby is _____

SECTION 2 Purpose of Post-Mortem *(Clinician to complete)*

The purpose of this hospital post-mortem is to establish (tick to specify):

- ☐ Effects of surgery ☐ Effects of treatment
☐ Other _____

SECTION 3 Type of Post-Mortem *(Clinician to complete Section A, B or C)*

You may consent to a full post-mortem examination, limited examination to specific organs, an external examination or decline consent altogether.

A. Full post-mortem examination

A full post-mortem examination will include all of the following: external examination; internal examination of the brain, chest and abdomen; photographs and laboratory testing. Radiology may possibly be performed.

Consent for a full post-mortem examination ☐ Yes ☐ No

B. Limited post-mortem examination

If consent is limited please indicate which of the following you give your consent to:

Head ☐ Yes ☐ No
Chest ☐ Yes ☐ No
Abdomen ☐ Yes ☐ No
Other _____

C. External post-mortem examination

Consent for an external post-mortem examination only ☐ Yes ☐ No

Any special requirements you have must be clearly identified here:

SECTION 4 Results of Post-Mortem

Please send a copy of the post-mortem report to the General Practitioner: ☐ Yes ☐ No

GP Name: _____

GP Address: _____

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

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SECTION 5 Written Consent *(Next of kin to complete)*

I understand that as part of this post-mortem examination a small amount of tissue, fluid and/or DNA may be retained for future diagnostic testing.

No whole organs will be retained unless I have given my permission.

I have read this form and consent to the areas outlined.

Name of person giving consent:

Relationship with deceased:

Signature:

Date:

Time:

I would like to request **return of the following sample types (if taken)**, after the post-mortem report has been issued:

☐ Tissue/fluids/other samples

☐ Stored genetics samples

☐ Microscopy slides and blocks

☐ Other _____ (please state)

I understand that unless I request return of any retained samples, any retained samples will be respectfully cremated no sooner than 12 months following the post-mortem.

I have ascertained that there is no objection to this post mortem examination and that the next of kin are fully informed.

Witness name:

Contact number:

Witness Designation:

☐ Consultant

☐ Registrar

☐ Other (specify)

Signature:

Date:

Time:

SECTION 6 *(Pathologist to complete at the conclusion of post-mortem)*

Either:

A. I can confirm that **no whole organs** have been retained:

Name

Designation

Signature

Date

Or:

B. In the exceptional circumstances where organ retention is necessary, I confirm the family have given consent for this, and _____ (describe organ)

☐ will be returned to the family

☐ will be disposed of (respectful collective cremation)

☐ will be added to a specific collection _____ (state collection).