

## **Appendix 12**

### **Proposed Adult Consent Form**

## Introduction to post mortem examination

A post mortem involves examination of the deceased from the outside and then the making of some surgical incisions necessary for examination of the inside of the body. The examination is done to establish the cause of death and the possible effects of medical treatment on the deceased. This form asks you to give your consent to such an examination on your next of kin.

### ADULT CONSENT FORM

*Please read all sections below and tick each box you agree with. At the end please sign the form*

- I have been given adequate time to consider my consent
- A post mortem examination has been outlined to me
- A post mortem information booklet has been given to me
- I understand all post mortem examinations involve the removal and laboratory retention of small samples of tissue and body fluids to verify the cause of death, study the effects of treatment and as a medical record

#### Consent

I \_\_\_\_\_

being the next of kin, consent to a full post mortem examination:

\_\_\_\_\_

As far as you know has the deceased ever expressed an objection to this type of examination Yes  No

I understand full examination involves removal for several weeks of the whole brain for examination purposes

#### Limited Post Mortem

If you do not want a full examination do you consent to a limited examination?

Do you want the examination limited to the:

Chest  Abdomen  Head & brain

I do not consent to a full post mortem examination for:

\_\_\_\_\_

### Organs removed and retained

*Sometimes in both full and part examinations it is necessary to retain whole organs for further examination. This is to help us know more about why your next of kin died. I consent to the following organs being retained for this reason:*

Brain  Heart  Others

I do not want the following organs being retained for further investigation

I do not consent to organs being retained for further examination

### Burial/cremation of organs

After the post mortem examination:

- I want the hospital to arrange for the cremation of the organs
- I want the hospital to return the organs to me

### Medical Research/Teaching

*Human tissue and organs can be of help in progressing medical research and teaching*

- After post mortem examination I consent to the organs being used for research
- After post mortem examination I consent to the organs being used for teaching

Signature of next of kin:

\_\_\_\_\_

Date: \_\_\_\_\_

Name and signature of doctor seeking post mortem examination consent:

Date: \_\_\_\_\_