

CONSENT FORM FOR A HOSPITAL POST MORTEM EXAMINATION OF A BABY¹

1. BABY'S DETAILS

NAME: _____
 DOB: _____ GESTATIONAL AGE: _____ M/F: _____
 DATE OF DEATH: _____
 MOTHER'S NAME: _____
 FATHER'S NAME: _____
 HOSPITAL: _____
 WARD: _____ UNIT NO: _____
 CONSULTANT: _____
 GP: _____
 GP'S ADDRESS: _____

2. INFORMATION

This form asks about consent for a post mortem examination on your baby. Please read through it carefully with the doctor and tick the boxes that show your decisions.

- I confirm that I have read and understood the booklet: "Information for Parents: Hospital Post Mortem Examination of a Baby".
- I confirm that any questions about post mortem examinations that I have asked have been answered to my satisfaction and understanding.

3. CONSENT

A post mortem examination on a baby can be full, limited in extent or external only. Hospital staff will explain these choices and what they mean.

- I do not consent to a post mortem examination being carried out on my baby and I understand that this may limit the information regarding cause of death.
- I consent to a full post mortem examination being carried out on my baby. I understand that the reason for the examination is to try and explain why my baby died.
- I consent to a limited post mortem examination being carried out on my baby. I understand that this may only give limited information.

I wish the examination to be limited to:

- The Head
- The Chest
- The Abdomen

- I consent for an external examination to be carried out on my baby. I understand this may only give very limited information.
- I consent to the attendance at the post mortem examination of healthcare staff and students for the purposes of training and education.

4. TISSUE SAMPLES

As part of the post mortem examination, tissue samples mostly in the form of blocks and slides and small amounts of body fluids will be retained and used to try and find out why your baby died. These samples are used to investigate the cause of death, study the effects of disease and treatment and as a medical record. They can be valuable for medical education and ethically approved research and you can agree to them being retained by the hospital or university for such purposes. Alternatively you may want them returned to you.

- I understand that post mortem examination involves the taking, examining and keeping of small samples of tissue and body fluids. I understand that glass slides are usually disposed of after 10 years but that wax blocks will be retained indefinitely.
- I consent to these samples being used by the hospital or university for education/research and checking quality standards.
- I want the blocks and slides to be returned to me for burial/cremation after the post mortem report is completed.

Small amounts of tissue may be left after making the blocks and slides. Please indicate your preference for their disposal.

- Hospital disposal
- Return to me/funeral director for disposal

5. GENETIC TESTING OF TISSUE SAMPLES

Some children have inherited diseases and it can be important to test for these at post mortem examination by looking at the baby's chromosomes and testing for abnormal genes. Study of stored samples can help doctors identify and understand new genetic diseases.

- I consent to genetic tests being done for diagnostic purposes.
- I consent to these samples being used by the hospital or university for education/research.
- I do not consent to genetic tests being done.

6. IMAGES

Photographs, X-rays and other images are an important part of a baby's post mortem examination. They are usually retained as part of the baby's medical record in keeping with current law. Images (with identification removed) can be valuable for medical teaching and ethically approved research.

- I consent to the images being used by the hospital or university for education/research.
- I want the images to be retained only as part of the medical records.
- I do not consent to images being taken.

7. ORGAN RETENTION

As part of the post mortem it may be important for a whole organ, particularly the brain, to be retained for further examination as this may give a more detailed understanding of the disease. The study of retained organs given by families after examination is a very important part of medical teaching and research.

- I consent to organs being retained for further examination.
- I consent to organs being retained for further examination except those listed below: _____
- I do not consent to any organs being retained for further examination.

8. FURTHER USE OR DISPOSAL OF RETAINED ORGANS

Where organs have been retained please indicate your preference for their further use or disposal.

- I want the hospital to dispose of the organs in a lawful and respectful way following completion of the post mortem report.
- I want the organs to be returned following completion of the post mortem report. I will arrange for their lawful disposal.
- I want the organs to be reunited with the body before it is released. I understand that this may significantly delay the funeral.

- I consent to the organs being used by the hospital or university for education/research.
- Other requests or conditions you would like to make: _____

9. BURIAL/CREMATION OF YOUR BABY

There are choices you may wish to consider about burial or cremation of your baby. Hospital staff will tell you which of these options the hospital can offer to you.

- I wish to take my baby and I will arrange family burial/cremation.
- I wish the hospital to arrange burial or cremation of my baby.
- The procedures in the hospital have been explained to me and I understand that I will have no further part in the arrangements for my baby's cremation/burial.

10. DETAILS OF DOCTOR/HEALTHCARE PROFESSIONAL TAKING CONSENT

Name (print name): _____
 Job title/grade: _____
 Contact Details: _____

- I confirm that I have:
 - explained the procedures and reasons for them.
 - explained the terms "tissue samples, blocks and slides".
 - checked for objections to removal or retention of tissue and organs as indicated.
 - discussed special requests/conditions.

Signature: _____
 Date: _____

11. CONFIRMATION OR REFUSAL OF CONSENT

This section is to confirm that the form has been read and completed by the appropriate person(s)² named below and witnessed by the doctor taking consent. Name of parent(s)/legal guardian giving consent (print): _____

Relationship(s) to the baby: _____

Signature(s): _____

Date: _____

¹ This form applies to fetal deaths of 12 week size and above (Crown Rump Length (cm)+ up to and including habits of 28 days of age.
² Latest burial of organs, residual tissue and tissue blocks is done at the Trust's expense. Costs are to be agreed with the Trust beforehand.
³ Mother's signature is required in circumstances where the baby has died in the womb.



Department of
**Health, Social Services
 and Public Safety**

An Room
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