

CONSENT FORM FOR A HOSPITAL POST MORTEM EXAMINATION OF A CHILD¹

1. PATIENT DETAILS

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

2. INFORMATION

This form asks about consent for a post mortem examination to be performed on the person named above. 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 Child".
- 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 can be full or limited in extent and the hospital staff will explain this choice and what it means to you.

- I do not consent to a post mortem examination being carried out on the child named above and I understand that this may limit the information regarding the cause of death.
- I consent to a **full** post mortem examination being carried out on the child named above and am not aware that he/she objected to this. I understand that the reason for the examination is to further explain the cause of death and study the effects of disease and treatment.
- I consent to a **limited** post mortem examination being carried out on the child named above and am not aware that he/she objected to this. I understand that this may give only some of the information about the cause of death and effects of treatment.

I wish the examination to be limited to:

The Head The Chest The Abdomen
Other (please specify) _____

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 determine the diagnosis and extent of the disease. These samples 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 to investigate the cause of death, study the effects of the disease and treatment.
- 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.²

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

In some cases analysis of chromosomes and other genetic tests are important to aid diagnosis. Study of stored samples may also help future understanding of disease.

- 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 or other images may be taken during a post mortem examination. After this they are retained as part of the 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 examination it may be important for whole organs to be retained for further examination as they can provide a more detailed understanding of the disease.

- 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 to me following completion of the post mortem report.
- I will arrange for their lawful disposal.²
- I want the organs to be reunited with the body before it is released. I understand that this will 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. 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 about removal or retention of tissue and organs as indicated.
- discussed special requests/conditions.

Signature: _____ Date: _____

10. CONFIRMATION OR REFUSAL OF CONSENT

This section is to confirm that the form has been read and completed by the person(s) named below and witnessed by the member of staff as detailed.

Name of individual/relative giving consent (print): _____

Relationship(s) to the child³: _____

Signature(s): _____

Date: _____

1. This form applies to children over 28 days old but under 18 years at the time of death.
2. Later 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. Only parents or those with legal parental responsibility can consent to the post mortem examination of a child.



Department of
Health, Social Services
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An Bhoim
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agus Sábháilteachta Poiblí

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