

**FORM FOR FURTHER USE OF HUMAN MATERIAL
RETAINED FOLLOWING A CORONER'S POST
MORTEM EXAMINATION¹**

1. PATIENT DETAILS

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

2. INFORMATION

The Coroner is the judicial officer charged with the responsibility to investigate the cause of death in certain cases. He directs that the post mortem examination is undertaken and **relatives' consent is not required**. Please read through the options available carefully with the doctor and tick the boxes that show your decisions.

- I confirm that I have read and understood the booklet: "Information for Relatives on a Coroner's Post Mortem Examination".
- I confirm that any questions about post mortem examinations that I have asked have been answered to my satisfaction and understanding.

**3. CONSENT FOR FURTHER USE OF TISSUE
SAMPLES, GENETIC MATERIAL AND IMAGES**

As part of the post mortem examination tissue samples, mostly in the form of blocks and slides, images and small amounts of body fluids will be retained and used to determine the cause of death. In some cases analysis of chromosomes and other genetic tests are undertaken. At the completion of the investigation, and only with the Coroner's agreement, they can be released. There are circumstances where the Coroner may need to retain tissue samples for a longer period, for example where the cause of death is undetermined. These samples can be valuable for medical education and ethically approved research and you can consent 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 may involve the taking, examining and keeping of small samples of tissue, genetic material, images and body fluids to investigate the cause of death.
- 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 Coroner has completed his investigation.

4. DISPOSAL OF RETAINED ORGANS

As part of the post mortem examination whole organs may be retained for further examination as they can provide a more detailed understanding of the cause of death. There are circumstances where the Coroner may need to retain organs for a longer period, for example when the cause of death is undetermined. Where organs have been retained please indicate your preference for their disposal once the Coroner has completed his investigation and has agreed to their release.

- I consent to the organs being used by the hospital or university for education/research.
- I want the hospital to dispose of the organs in a lawful and respectful way following completion of the Coroner's investigation.
- I want the organs to be returned following completion of the Coroner's investigation. I will arrange for their lawful disposal.
- I want the organs to be reunited with the body before it is released but I understand that this will significantly delay the funeral, which can be up to several months or occasionally longer.
- 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
- Other requests or conditions you would like to make: _____

5. CONFIRMATION OF INFORMATION GIVEN AND CONSENT TAKEN

This section is signed to confirm that the form has been read and completed by the person(s) named below and witnessed by the doctor giving information/taking consent.

Name of next of kin/parent(s)/legal guardian (print): _____

Relationship(s) to the deceased: _____

I/We understand that I/we do not have to give consent for this post mortem examination but that my/our consent is required for further use of the tissue once the Coroner's investigation is complete and he/she agrees to its release. I/We have also stated my/our wishes for the disposal of tissue in the future.

Signature(s): _____

Date: _____

Name of doctor/healthcare professional giving information/taking consent (print name): _____

Job title/grade: _____

I confirm that I have:

- explained Coroner's post mortem procedures and reasons for them.
- explained the terms "organs, tissue samples, blocks and slides".
- taken consent for further use of materials once the Coroner's investigation is complete.
- discussed special requests/conditions.

Signature: _____

Date: _____

¹ This form applies to all Coroner's Post Mortem Examinations of Children and Adults.

² For a child under 18 years of age only parents or those with legal parental authority can give consent for an adult the wishes of the patient, if known, take precedence over the wishes of relatives.

A nominated representative may have been appointed by the patient to make decisions on their behalf. If neither apply then 'next of kin' have the authority to consent on behalf of the patient.

These are ranked in authority:

- i. husband/wife/civil partner
- ii. parent or child
- iii. brother/sister
- iv. nephew/niece
- v. stepmother/father
- vi. half-brother/half-sister
- vii. friend of long standing.



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

Ar Roinn
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