



# Consent for Postmortem

## Form E:

### For the Death of an Adult

Where the death occurred in a person aged 15yrs or older

A Senior doctor involved in the care of .....(name) is required to talk with you about whether it might be helpful if .....(name) is examined by the pathologist after death. (A pathologist is a doctor trained to investigate what might have caused death). After the doctor has explained what is involved in a Post-Mortem (PM) examination, and after you have been given the opportunity to read the accompanying booklet, you and your family must read this Consent Form carefully and make the decision that is best for you.

When you have made your decision, please complete the form below.

#### 1. Identification of the person(s) giving/withholding consent to Postmortem

I/we \_\_\_\_\_ & \_\_\_\_\_  
 Of \_\_\_\_\_  
 \_\_\_\_\_ (address/es)  
 Being the \_\_\_\_\_ & \_\_\_\_\_ (relationship/s)  
 Of the deceased, \_\_\_\_\_ ( name)

have received the accompanying *Post Mortem Family Information Booklet* and have talked with Doctor ....., and I/we understand the nature of a Postmortem and the options of type of post mortem available.

I/We have had the opportunity to ask questions, and am/are satisfied with the explanations given with respect to the specified questions below.

This information & other verbal information has been given to me /us

- In English
- In my/our language, which is .....
- Via the interpreter .....(name)
- And by Dr. ....(name)

#### 2. The purpose of the recommended examination is to try to establish

- Cause of death
- Effects of treatment
- Accuracy of diagnosis
- To aid future medical knowledge for the purposes of helping our family and other families in a similar situation

#### I understand that Dr. .... has recommended:

- a full post mortem
- limited post mortem, specifically related to the
  - .....
  - .....
  - .....
- an external examination only
- no examination

**A. A Full Post Mortem**

An explanation for a full post mortem can be found on page 17 of the *Post Mortem Family Information Booklet*.

**With respect to the proposed post mortem examination on** .....(name), and having no knowledge that ..... made known an objection to the post mortem examination prior to his/her death

**I/We do agree to a full post mortem being performed**

Signed .....(Next of Kin).....(Print)

And .....(Next of Kin) .....(Print)

Date .../.../....

Witnessed .....(Medical Officer) .....(Print)

*Witness statement:* I have explained the nature & extent of the post mortem examination and believe that the person/s giving consent has/have understood the explanation.

Signed .....(Print)

**With respect to the retention and burial/cremation of any organs:**

(Please refer to the *Post Mortem Family Information Booklet* for a detailed explanation of the options)

- 1) I/We do/do not (strike out, as appropriate) require that all organs be restored to the body prior to release.
- 2) If the organs are not restored to the body I/we choose to dispose of the organs in the following way:  
*Please choose between A, B or C: (circle)*
  - A.) The Hospital will make the arrangements for the respectful, lawful & dignified disposal of the organs
  - B.) I/we will arrange for the disposal of the organs at completion of examination for post mortem purposes
  - C.) The hospital will retain the organs for its collection for teaching and ethically approved research purposes

I/We understand that no matter what choice we make about organs, tissue samples must, by law, be kept by the hospital's pathology department for 23 years. Tissue samples kept by the hospital my be used in the following ways:

- to further understand the cause of death and develop treatments
- for ethically approved research, education and laboratory quality procedures.

Signed .....(Next of Kin).....(Print)

And .....(Next of Kin).....(Print)

Date .../.../....

**To be completed by Pathologist as the Hospital Designated Officer:**

I am satisfied that the correct procedures have been fulfilled with regard to consent for post mortem and that it is reasonable to proceed with the *full post mortem* on ..... as identified above.

Signed.....(Print)

Date.../.../....

**B. Limited Post Mortem**

An explanation of the procedure for a limited post mortem can be found on page 9 of the *Post Mortem Family Information Booklet*

**A. With respect to the proposed post mortem examination on** ..... (name), and having no knowledge that .....made known an objection to the post mortem examination prior to his/her death

<input type="checkbox"/> <b>I /we agree to a post mortem <u>limited to</u></b> <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... (specify <b>organs/tissues)</b>
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Signed .....(Next of Kin).....(Print)

And .....(Next Of Kin).....(Print)

Date .../.../....

Witnessed .....(Medical Officer).....(Print)

Witness statement: I have explained the nature & extent of the post mortem examination, and believe that the person giving consent has understood the explanation.

Signed: .....(Print)

**B. With respect to the retention and burial/cremation of any organs:**

(Please refer to the *Post Mortem Family Information Booklet* for a detailed explanation of the options)

- 1) I/We do/do not (strike out, as appropriate) require that all organs be restored to the body prior to release.
- 2) If the organs are not restored to the body I/we choose to dispose of the organs in the following way:  
*Please choose between A, B or C (circle)*
  - A.) The Hospital will make the arrangements for the respectful, lawful & dignified disposal of the organs
  - B.) I/we will arrange for the disposal of the organs at completion of examination for post mortem purposes
  - C.) The hospital will retain the organs for its collection for teaching and ethically approved research purposes

I/We understand that no matter what choice we make about organs, tissue samples must, by law, be kept by the hospital's pathology department for 23 years. Tissue samples kept by the hospital my be used in the following ways:

- to further understand the cause of death and develop treatments
- for ethically approved research, education and laboratory quality procedures.

Signed .....(Next of Kin).....(Print)

And .....(Next of Kin).....(Print)

Date .../.../....

<p><b><u>To be completed by Pathologist as the Hospital Designated Officer:</u></b></p> <p>I am satisfied that the correct procedures have been fulfilled with regard to consent for post mortem and that it is reasonable to proceed with the <i>limited post mortem</i> on ..... as identified above.</p> <p>Signed.....(Print)</p> <p>Date.../.../...</p>
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**C. External Examination**

An explanation of the procedure for an external examination can be found on page 9 of the *Post Mortem Family Information Booklet*.

**A. With respect to the proposed post mortem examination on .....(name), and having no knowledge that ..... made known an objection to the post mortem examination prior to his/her death**

**I/We agree only to external examination**

Signed .....(Next of Kin ).....(Print)  
And .....(Next of Kin).....(Print)  
Date .../.../...  
Witnessed .....(Medical Officer).....(Print)

**To be completed by Pathologist as the Hospital Designated Officer:**  
I am satisfied that the correct procedures have been fulfilled with regard to consent for post mortem and that it is reasonable to proceed with the *external examination only* on ..... as identified above.  
Signed.....(Print)  
Date.../.../...

**D. No Post Mortem**

**A. With respect to the proposed post mortem examination on .....(name)**

**I/We do NOT agree to any form of post mortem**

Signed .....(Next of Kin).....(Print)

And .....(Next of Kin).....(Print)

Date .../.../...

Witnessed .....(Medical Officer).....(Print)

**To be completed by Pathologist as the Hospital Designated Officer:**

I am satisfied that the correct procedures have been fulfilled with regard to consent for post mortem and that *no post mortem* will proceed on ..... as identified above.

Signed.....(Print)

Date.../.../...