

Request & Consent for Post Mortem Examination on an Adult or Child (excluding perinatal cases)

(Enquiries - telephone Histopathology, ext 20982)

RVI / FRH

(Delete as appropriate)

Referral to H.M. Coroner

A hospital post-mortem should only be requested if the death does not need referring to H.M. Coroner.

A death should be referred to the Coroner under any of the following circumstances.

- a. Where the cause of death is unknown.
- b. Where the cause of death may be unnatural. ie industrial disease, poisoning, violence.
- c. Where death may be due to neglect, abortion, medical treatment or surgical operation.
- d. Where death has occurred during or before recovery from an operation or anaesthetic.
- e. Where death has occurred within 24 hours of emergency admission to hospital.
- f. Where no doctor attended the deceased during the final illness.
- g. Where no doctor saw the deceased in the 14 days before death or after death.

If in doubt get advice from clinical colleagues or a consultant histopathologist (ext. 20982)

If you decide that the case requires referral, the Coroner's Officer should be contacted as soon as practical on 0191 2777 280. If the Coroner's Officer decides that the death requires investigation, this form should not be used.

THE HOSPITAL POST-MORTEM

If there is no reason to refer the case OR if having discussed with the Coroner's Officer he/she does not feel that the Coroner need be involved, permission for a post-mortem examination should be obtained from a person with a qualifying relationship to the deceased and this form should be completed in full. Failure to complete Parts B and C may delay the examination. If there is a specific infective risk or any other aspect of the case which requires discussion, please telephone Histopathology on ext. 20982, and ask for the Consultant Pathologist responsible for post-mortems. Thoughtful completion of Parts E and F will help to ensure that the post-mortem findings are of maximum clinical relevance. Any or all of the medical team, as well as nursing/other staff involved in the patient's care are welcome to attend the autopsy theatre to discuss the findings. Please enter the names and contact numbers for those interested in Part G. This usually takes place at the completion of the examination. If anyone wishes to be present throughout the examination please let us know.

THE CLINICAL NOTES MUST ACCOMPANY THIS REQUEST FORM

A. Patient Details

If label used apply below

Surname Age..... Date of Admission:
Date of Death:

Forenames..... DOB: Date of Request:

Address.....
.....

Hospital Record No. Consultant: Ward:

B. Is there any evidence for a specific risk of:

Hepatitis B, C	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
HIV	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tuberculosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Creutzfeld-Jacob Disease	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other infections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If 'YES', please specify:

Have serological or other tests for any of the above been performed Yes No

If 'YES', state result:

C. Is there a radioactive device within the patient or has the patient received radionuclide therapy in the last 3 months? (Please circle) Yes No

If the answer is 'YES', please telephone the pathologist (ext. 20982)

D.

i. **Is there a specific reason for the post mortem to be performed urgently?** Yes No
If 'YES', telephone ext. 20982 and discuss the case with the pathologist on post-mortems

ii. **Has the case been discussed with H.M. Coroner?** Yes No
If 'YES', why and what was the result of the discussion.....
.....

E. Summary of the recent and past medical history

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

In your view what was the cause of death?

Main cause of death:

1a.....

due to 1b.....

due to 1c.....

Contributory Diseases:
.....

F. Please list specific problems/clinical findings which you would like the autopsy to address:

1.
2.
3.
4.
5.
6.
7.

- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

G. List below those who wish to attend at the end of the autopsy to discuss the case:

Name	Contact No./DECT No
1.....	
2.....	
3.....	
4.....	

Signed	Name in block letters	Date				
House.....	Office/Registrar/Consultant	<table border="1" style="border-collapse: collapse; width: 100px; height: 30px;"> <tr> <td style="width: 25px; height: 20px;"> </td> <td style="width: 25px; height: 20px;"> </td> <td style="width: 25px; height: 20px;"> </td> <td style="width: 25px; height: 20px;"> </td> </tr> </table>				

Consent form for a hospital post mortem examination on an adult

1. Patient Details

Name

Address:

.....

Date of birth: 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 above¹. Please read through it carefully with the doctor and tick the boxes that show your decisions.

- I confirm that I have had the opportunity to read and understand the booklet:
- I confirm that any questions about post mortem examinations that I have asked have been answered to my satisfaction and understanding.

¹ The form applies to adults of 18 years of age and above at time of death.

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. Tick ONE of the following three options:

- I consent to a **full** post mortem examination being carried out on the body of the 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 the disease and treatment.

- I consent to a **limited** post mortem examination being carried out on the body of the 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 **do not** consent to a post mortem examination being carried out on the body of the above and I understand that this may limit the information regarding the cause of death.

You have the right to change your mind within a short time limit agreed by the hospital (minimum of 24 hours) If you wish to ask further questions about the post mortem examination, make changes to what you have recorded on this consent form, or withdraw your consent, please contact..... on.....as soon as possible and not later than

You will be given a copy of the amended form.

4. Tissue samples

A Laboratory form containing data is NOT a controlled document

The Proforma is a Controlled document

Document details i.e. Update responsibility, Ultimate approver, Active date and Review date are held in Q-Pulse

If you recognise an inaccuracy or can suggest an improvement, please raise a Change Request on Q-Pulse

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 to be returned to you.

- I understand that post mortem examination involves the removal and examination of small samples of tissue and body fluids to investigate the cause of death, and to study the effects of the disease and treatment.
- I consent to these samples being used for review in the future (if further information becomes available or for the benefit of the family), for teaching, research that has been approved by an appropriate ethics committee, quality assurance or clinical audit.
- I want the blocks and slides to be returned to me/the funeral director for burial/cremation after the post mortem report is completed.²
- I would like the hospital to arrange for disposal of the blocks and slides.

Small amounts of tissue may be left after making the blocks and slides. These will be disposed of by incineration.

5. Genetic testing of tissue samples (where appropriate)

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.

² The wishes of the patient, if known, take precedence over the wishes of relatives.

6. Images where appropriate

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 consent to the images being retained only as part of the medical records.
- I **do not** consent to images being taken.

7. Organ Retention

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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 the retention of:

(please specify organ or larger piece of tissue to be retained). The reasons for the retention of this organ have been explained to me. I understand that tissue blocks and slides may be taken from this organ, and that these will be dealt with in accordance with my instructions for tissue blocks and slides. I wish for any remaining fixed tissue to be dealt with in the following manner once diagnosis is complete:

I want the hospital to dispose of the organs 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 burial/cremation.³

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 review in the future (if further information becomes available or for the benefit of the family), for teaching, research that has been approved by an appropriate ethics committee, quality assurance or clinical audit.

Other requests or conditions you would like to make:

.....
.....
.....

³ A 'nominated representative' may have been appointed by the patient to make decisions on their behalf.

8. Details of doctor/healthcare professional taking consent

Name (please print):

Job title/grade:

Contact details:

I can confirm that I have:

- Explained the procedures and reasons for them.
- Explained the term 'tissue samples', 'blocks' and 'slides'.
- Checked for objections about the removal or retention of tissue organs as indicated.
- Discussed special requests conditions.

Signature:

Date:

9. Confirmation or refusal of consent

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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 (please print):.....
.....

Relationship(s) to the deceased:⁴
.....

Signature(s):

Date:.....

⁴ Where the wishes of the deceased are not known and there is no nominated representative, someone in a qualifying relationship may give consent to post mortem examination. The ranking for this process is:
(i) spouse or partner (including civil partner); (ii) parent or child; (iii) brother or sister; (iv) grandparent or grandchild;
(v) child of a brother or sister (niece or nephew); (vi) stepfather or stepmother; (vii) half-brother or half-sister; (viii) friend of long standing.