

REQUEST & CONSENT FORM FOR POST-MORTEM EXAMINATION ON AN ADULT OR CHILD (EXCLUDING PERINATAL CASES)

Enquiries – please contact the Forensic Medicine Unit on ext. 20982 or externally 0191 2820982

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 (list not exhaustive):

- a. Where the cause of death is unknown.
- b. Where the cause of death may be unnatural, i.e. 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.

If in doubt please seek advice from clinical colleagues or a Consultant Pathologist on the above number. If you decide that the case requires referral, the Newcastle Coroner's Office should be contacted as soon as practical on 0191 2777280. If the Coroner's Office decides that the death requires investigation, this form should not be used.

The Hospital/Consented Post-Mortem

If there is no reason to refer the case, or, if having discussed with the Coroner's Office they do not feel that the Coroner need be involved, permission for a post-mortem examination should be obtained from the person ranked highest in the hierarchy of qualifying relationship to the deceased immediately prior to their death. If there is any doubt about who this may be, please contact the above number and ask to speak to the coordinating pathologist for further advice.

This form must be completed in full. Failure to complete any part of the form will result in it being rejected and will delay the examination. If there are any queries that need to be answered before the form can be completed, or there is a specific infective risk, or there is any other aspect of the case which requires discussion, please contact the above number and ask for the Consultant Pathologist responsible for coordinating post-mortems that day. 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 always 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 please let us know. Please ensure part H is completed so it is clear who is requesting the examination.

PART ONE – TO BE COMPLETED BY THE REQUESTING CLINICIAN

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	☐	No	☐
HIV	Yes	☐	No	☐
Tuberculosis	Yes	☐	No	☐
Creutzfeld-Jacob Disease	Yes	☐	No	☐
Other infections	Yes	☐	No	☐

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 coordinating 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 coordinating pathologist

ii. **Has the case been discussed with H.M. Coroner?** Yes No

If 'YES', why and what was the result of the discussion.....

iii. **Does the request relate specifically to non-invasive methods, i.e., post-mortem CT scanning/imaging?**

If 'YES', telephone ext. 20982 and discuss the case with the coordinating pathologist

E. Summary of medical history

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

In your view what was the cause of death?

1a.....
due to

1b.....
due to

1c.....
due to

1d.....

II.....



F. Please list specific problems that you would like the autopsy to address:

1.
2.
3.
4.
5.

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

Name:

Contact no.:

.....

.....

H. Details of the Individual Requesting the Post-Mortem Examination

Signed.....

Name.....

Position.....

Contact no.

Email address.....

Date.....

PART TWO – TO BE COMPLETED BY THE INDIVIDUAL TAKING CONSENT

The individual taking consent must have undergone relevant and recent HTA consent training and must have been assessed as being competent to take consent. If this is not the case, they must be accompanied by a member of staff who is trained and assessed as competent (see p.10). If you are unsure, please contact the mortuary for advice.

Consent Form For Hospital/Consented Post-Mortem Examination

1. Patient Details

Name

Address:

.....

Date of birth: M/F:

Date of death:

Hospital:

Ward: Unit No.

Consultant:

GP:

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 had the opportunity to read and understand the information booklet provided and any questions that I have asked have been answered to my satisfaction and understanding

Signed.....

Full name.....

Relationship to above deceased.....

Date.....

Does the individual named above providing consent require any additional needs, e.g. communication aids or an interpreter?

YES / NO

If YES please detail what is required below and the steps that have been taken to ensure these are met prior to consent being taken:

Additional needs:.....

Steps taken.....

.....

.....

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 of 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 of 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 of the body of the above. I consent **only** for an external examination and post-mortem imaging (whole body plain CT scan). I understand that this is likely to limit the information gained regarding the cause of death and disease processes. No incisions will be made if it is a plain scan. If it is felt necessary that targeted coronary angiography is required, then a small incision will be made at the base of the left side of the neck. No tissue or samples will be taken or retained if this option is selected. However, only very limited, if any, information will be able to be gained.

You have the right to change your mind within a short time limit (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 completely, please contact.....on.....as soon as possible, and certainly no later than After this deadline please be aware that it will be too late to change or withdraw your consent. You will be provided with a copy of the consent form and a copy will also be retained for our records.

Notes.....
.....
.....
.....
.....

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. The fluid samples will usually be disposed of after the examination or report is finished. The tissue samples can however be valuable for medical education and ethically approved research in some instances, and you can agree to them being retained by the hospital for such purposes. Generally the samples will be retained for a period of time and then disposed of sensitively if no longer being used for any purpose. Alternatively, you may want the samples to be returned to you.

☐

I understand that the post-mortem examination involves the removal and examination of small samples of tissue and body fluids to investigate the cause of death and the effects of disease and treatment

Options For Retained Tissue Samples

You must choose **one** of four different options for how the hospital will deal with the small tissue samples once the post-mortem examination is complete and the cause of death and report have been finalised. **Please select one of the below options.** If you require further information about each of the options, please ask the individual taking consent for more details. **If none of the below options are selected and no decision is made, then the tissue will be sensitively disposed of following completion of the post-mortem report.**

- ☐ 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 understand that the samples will be retained for a period of time, generally at least 5 years, and then sensitively disposed of if they are no longer being used.
- ☐ I want the blocks and slides to be returned to me/the funeral director for burial/cremation after the post-mortem report is completed.
- ☐ I would like the hospital to arrange for the disposal of the blocks and slides as soon as the post-mortem report is completed.
- ☐ I want the blocks and slides reunited with the body before the body is released. I understand that this will cause significant delays to the funeral arrangements.

Very 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 a small sample of spleen or other tissue being retained in the mortuary for potential genetic testing.
- ☐ In addition to the above, I also consent to this sample being sent to the Centre for Life in Newcastle upon Tyne in order for DNA to be extracted and stored (but not tested). If it is subsequently felt medically that the sample should be tested, this will be communicated to you.
- ☐ I do not consent to genetic tests being done.

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 anonymised images being used by the hospital for education/research.

☐ 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 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 (**please select one option**):

☐ 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 separate burial/cremation.

☐ 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 organ(s) being retained and used by the hospital 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 understand however that this does not necessarily mean the organ will be used for teaching/research, and if it is not used, it will be sensitively disposed of in due course.

Any other requests or conditions you would like to make:

.....

.....

.....

8. Details of doctor/healthcare professional taking consent

Name (please print):

Job title/grade:

Contact details:

Last post-mortem consent training date.....

Last post-mortem consent competency assessment date.....

If the person obtaining consent as detailed above is not specifically trained in seeking consent for a post-mortem examination but is accompanied by a person who is, please provide their details here:

Name (please print):

Job title/grade:

Contact details:

Last post-mortem consent training date.....

Last post-mortem consent competency assessment date.....

I, the individual(s) named above who has obtained consent for the post-mortem examination, confirm that:

- The person consenting has a full understanding of the post-mortem examination procedure.
- I have checked that the person consenting is the appropriate person for the purposes of the Human Tissue Act 2004 (*see section at the bottom of p.12, or if in doubt please seek advice from the Mortuary Manager or Designated Individual by using the contact number at the start of the form).
- I have discussed tissue samples and/or organs (if applicable) being retained for future use and the potential uses for the tissue that is retained.
- Consent is indicated by the boxes that are ticked and the signature of the person providing consent.
- I have discussed any special requests or conditions concerning the post-mortem examination procedure.
- Where appropriate, I have discussed the requirements of the post-mortem examination from a medical perspective with Consultant Pathologist.....
- I have or will provide a copy of this consent form to the person providing consent.

Signature:

Full name:

Date:

9. 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 detailed above.

Name of individual providing consent (please print):.....

.....

Their relationship(s) to the deceased:

I confirm that I am the individual ranked highest in the below hierarchy of individuals with regard to their relationship to the deceased immediately prior to their death. I also confirm that the deceased did not hold any wishes that contradict anything stated in this form and that there is no nominated representative to act on their behalf.

Signature(s):

Time & Date:.....

If consent is subsequently withdrawn (see top of p.7), either for the entire post-mortem examination, or for specific sections of it, each page of each copy of the form, or the relevant section(s) should be clearly struck through. The person taking the withdrawal of consent should also sign and date the form clearly, and note action taken to inform the mortuary (the date and time and member of mortuary staff informed).

Heirarchy of Qualifying Relationship (Human Tissue Act 2004)

*Where the wishes of the deceased are not known and there is no nominated representative, someone in a qualifying relationship may give consent for a post-mortem examination. The ranking for this 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.