ADULT AUTHORISATION FORM
Guidance for Clinical Staff

NHS SCOTLAND

Introduction

This document is intended as a quick guide to the authorisation form introduced as part of the Human Tissue (Scotland) Act 2006 and with reference to NHS circular HDL (2006)46 published 20th July 2006.

The term "authorisation" has been chosen in Scotland rather than consent which applies to surgical operations and which is the term used in England and Wales for post mortem examinations, for the following reasons: relatives may choose to have as much or as little information as they wish about a post mortem procedure and in this context consent would not be an appropriate term. Authorisation implies more control over the decision whether to proceed with a post mortem or not. It is recommended that senior medical staff obtain authorisation, FY1 doctors should not obtain authorisation on their own.

Please read the information leaflets before speaking to relatives, and if there is any item that you don't understand, please seek advice.

Information pack:

All forms and leaflets are intended to be kept in one place and for convenience a special pack has been designed. (The pack and folder cover may however not be available on the 1st of September 2006).

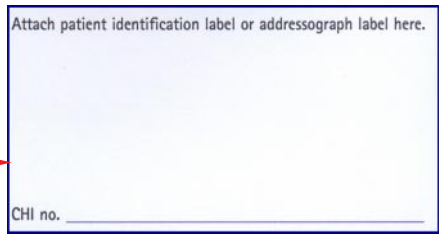
Some relatives may wish for no information but should still sign the authorisation form. Others may require simple reassurance and this should be provided by the basic information leaflet. Some relatives may require more information which should be answered in the advanced information leaflet while other relatives may require still more detailed explanation which can be answered by appropriately trained staff. While relatives will still need to sign the authorisation form, the pack is designed so that they may choose to read all or none of the information leaflets.

The pack is designed with a brief summary of important information on the inside cover, notes to assist those obtaining consent on the back of the inside cover and contact details for national support groups on the back cover. There is room within the information pack for any local information leaflets that might be appropriate.

Authorisation form:

Identification:

You can use addressograph labels in the space provided but please make sure you remember to put a label **on each copy** of the triplicate forms.

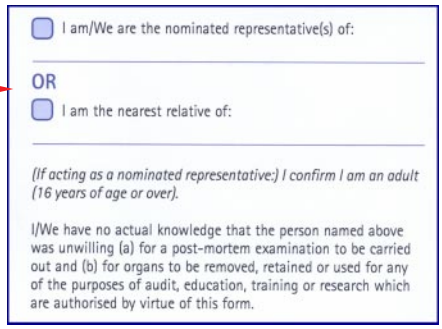

Attach patient identification label or addressograph label here.

CHI no. _____

If you do not use a label, then please write: the **First Name, Surname, Date of Birth, Date of Death and Unit/CHI Number** of the deceased.

Representative or Relative:

Please indicate whether the authorising person is a representative nominated by the deceased, or a relative of the deceased, and write the name of the deceased.


☐ I am/We are the nominated representative(s) of:

_____

OR

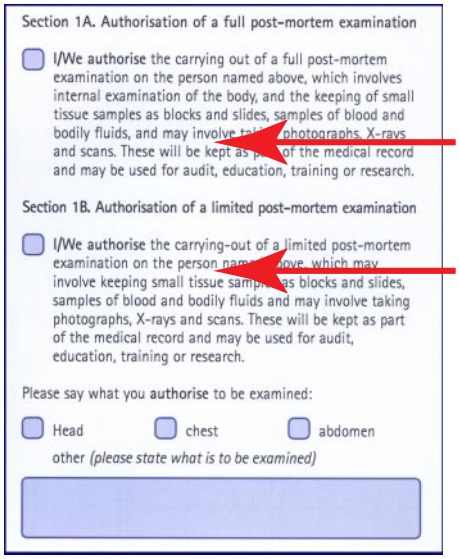
☐ I am the nearest relative of:

_____

(If acting as a nominated representative:) I confirm I am an adult (16 years of age or over).

I/We have no actual knowledge that the person named above was unwilling (a) for a post-mortem examination to be carried out and (b) for organs to be removed, retained or used for any of the purposes of audit, education, training or research which are authorised by virtue of this form.

The deceased's wishes if previously expressed are paramount and the next sentence is required to ensure there were no instructions left by the deceased. This can be left without modification if there were no wishes left by the deceased.


Section 1A. Authorisation of a full post-mortem examination

☐ I/We authorise the carrying out of a full post-mortem examination on the person named above, which involves internal examination of the body, and the keeping of small tissue samples as blocks and slides, samples of blood and bodily fluids, and may involve taking photographs, X-rays and scans. These will be kept as part of the medical record and may be used for audit, education, training or research.

Section 1B. Authorisation of a limited post-mortem examination

☐ I/We authorise the carrying-out of a limited post-mortem examination on the person named above, which may involve keeping small tissue samples as blocks and slides, samples of blood and bodily fluids and may involve taking photographs, X-rays and scans. These will be kept as part of the medical record and may be used for audit, education, training or research.

Please say what you authorise to be examined:

☐ Head ☐ chest ☐ abdomen

other *(please state what is to be examined)*

Section 1:

The form is divided into sections for ease of use and Section 1 is intended to indicate either a full examination **or** a limited internal examination.

(A) If a full examination is authorised, tissue samples will be made into tissue blocks and glass slides for examination and subsequent storage and these will then form part of the medical record.

(B) If limited internal examination is authorised, this can either be by region (head, chest, abdomen – tick box) or be more specific (eg, heart and lungs). Please remember that other organs may need to be removed but not retained in the process of examining a specific organ or organs. If an examination is severely restricted, the pathologist may advise that it is not appropriate to proceed. Consider what the clinical questions are, and if you are unsure, please contact the Pathology Department for advice.

N.B. If Head, Chest and Abdomen are all ticked then that is virtually equivalent to a full post mortem examination.

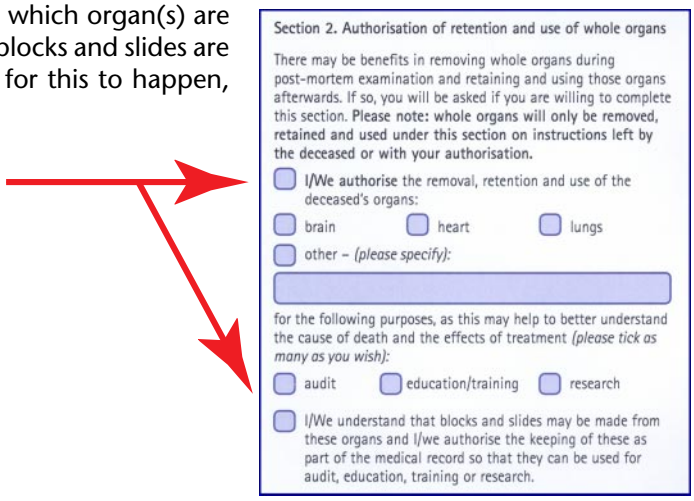
Section 2:

As currently drafted, the authorisation form does not make clear that the primary intention of retaining an organ is usually for diagnosis. One interpretation of the form is that organs may be retained for a short period under section 1. Another interpretation is that the form does not make clear that relatives are authorising retention of an organ for diagnosis. Most pathologists would be unhappy to retain an organ for any period of time unless there is explicit permission from the relatives. Therefore it is recommended that if an organ is to be retained for diagnosis for any length of time that the word "diagnosis" is added to the form in this section.

This section deals with organ retention and if there is no clinical requirement for organ retention, then this section can be left blank, (it may be useful to put a line through this section if not relevant). The heart and brain are the two organs that most commonly require to be retained and please check with the pathology department if there is a possibility of organs needing to be retained. This may often be the case in diffuse neurological disease, brain tumours or after neurosurgery. It may be advantageous to retain the heart if there is a history of cardiac arrhythmia, congenital heart disease or sudden unexpected cardiac death. Sometimes individuals with a specific neurological condition will wish to donate their brain for research.

It is possible that there may be unexpected findings during a post mortem examination that indicate the need to retain an organ. In that case, the clinician obtaining authorisation will be contacted with a view to obtaining the relative's authorisation. This is an unlikely event.

N.B. Please tick the initial box for organ retention then indicate which organ(s) are to be retained. It is **important** that if an organ is retained, tissue blocks and slides are made as part of the medical record. If the relative is unwilling for this to happen, speak to the pathology department.


Section 2. Authorisation of retention and use of whole organs

There may be benefits in removing whole organs during post-mortem examination and retaining and using those organs afterwards. If so, you will be asked if you are willing to complete this section. Please note: whole organs will only be removed, retained and used under this section on instructions left by the deceased or with your authorisation.

☐ I/We authorise the removal, retention and use of the deceased's organs:

☐ brain ☐ heart ☐ lungs

☐ other – *(please specify):*

for the following purposes, as this may help to better understand the cause of death and the effects of treatment *(please tick as many as you wish):*

☐ audit ☐ education/training ☐ research

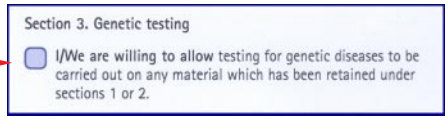
☐ I/We understand that blocks and slides may be made from these organs and I/we authorise the keeping of these as part of the medical record so that they can be used for audit, education, training or research.

The usual purpose in retaining an organ is to make a **clinical diagnosis**, the boxes here are **additional uses** that can be made of a retained organ.

Section 3: Genetic testing:

This is included because the Human Tissue Act (2004), which mainly applies to the rest of the UK, applies to Scotland in respect of DNA analysis. (See Human Tissue Authority Code of Practice – Consent: Code 1). It is an offence under Section 45 of the Human Tissue Act (2004) to have any bodily material from a human body with intent to analyse it in any way without qualifying consent, subject to certain exceptions. The offence does not apply if the results of analysis are to be used for "excepted purposes". The following are excepted purposes:- 1) Medical diagnosis or treatment of that person, 2) Procurator Fiscal purposes, 3) Prevention or detection of crime or prosecution, 4) National security, 5) Court/Tribunal order or direction.

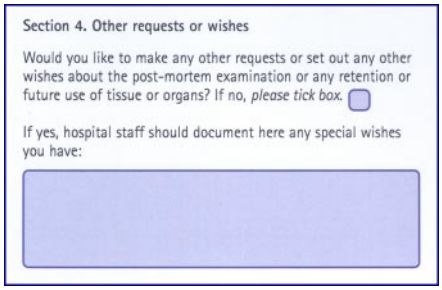
It is relatively unlikely, at present, that a post mortem in an adult will require genetic analysis. However, if there is the possibility of an underlying syndrome with known DNA mutation, then discussion with the relatives should indicate that genetic testing may be necessary to make the diagnosis. Please note that in complex cases where there are significant implications for other members of the family, then further advice should be sought. (For further information, see Human Tissue Authority Code of Practice 1, page 26-28).


Section 3. Genetic testing

☐ I/We are willing to allow testing for genetic diseases to be carried out on any material which has been retained under sections 1 or 2.

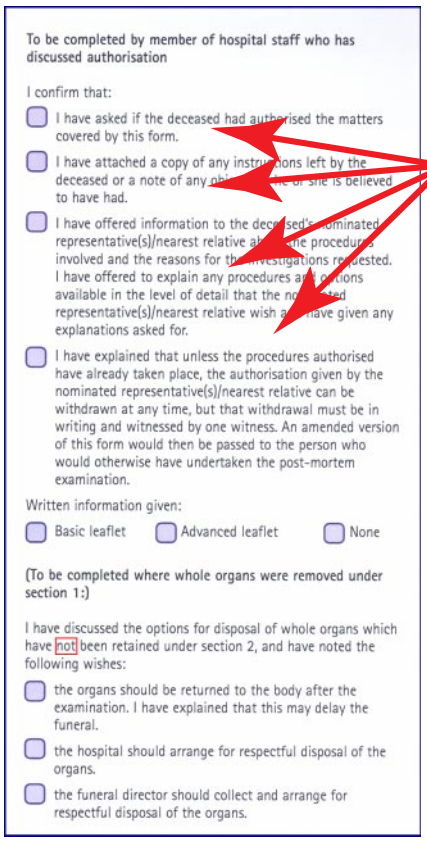
Section 4: Other requests or conditions:

There may be special funeral arrangements or religious practices that need to be observed and, if so, please indicate these here. If there are **no** special requirements, then please indicate in the appropriate box.


Section 4. Other requests or wishes

Would you like to make any other requests or set out any other wishes about the post-mortem examination or any retention or future use of tissue or organs? If no, *please tick box.* ☐

If yes, hospital staff should document here any special wishes you have:



To be completed by member of hospital staff who has discussed authorisation

I confirm that:

- ☐ I have asked if the deceased had authorised the matters covered by this form.
- ☐ I have attached a copy of any instructions left by the deceased or a note of any objection he or she is believed to have had.
- ☐ I have offered information to the deceased's nominated representative(s)/nearest relative about the procedures involved and the reasons for the investigations requested. I have offered to explain any procedures and options available in the level of detail that the nominated representative(s)/nearest relative wish and have given any explanations asked for.
- ☐ I have explained that unless the procedures authorised have already taken place, the authorisation given by the nominated representative(s)/nearest relative can be withdrawn at any time, but that withdrawal must be in writing and witnessed by one witness. An amended version of this form would then be passed to the person who would otherwise have undertaken the post-mortem examination.

Written information given:

☐ Basic leaflet ☐ Advanced leaflet ☐ None

(To be completed where whole organs were removed under section 1:)

I have discussed the options for disposal of whole organs which have not been retained under section 2, and have noted the following wishes:

- ☐ the organs should be returned to the body after the examination. I have explained that this may delay the funeral.
- ☐ the hospital should arrange for respectful disposal of the organs.
- ☐ the funeral director should collect and arrange for respectful disposal of the organs.

Completion by Member of Staff:

The person who is assisting the relatives in completing this form needs to indicate here that certain points have been covered in the authorisation process.

N.B. Please note all these boxes **must be** ticked except perhaps the box relating to the instructions left by the deceased.

Indicate what written information leaflet has been given to the relatives (if any).

Please note there is an error in the early drafts of this form which refer incorrectly to section 1 and have **not** been retained under section 2. Please delete "not".

If any organs were retained as authorised by **Section 2** then consideration needs to be given to the disposal options that the relatives have, for example it may be possible to return the organ to the body before the funeral: (Please indicate **ONE** option only.)

a) Returned to the body – If the relatives wish the organ to be returned to the body before the funeral, then please speak to the pathology department about the timescale.

b) Hospital disposal – If the relatives wish the Health Board to take responsibility for disposal of the organ, then please indicate here. Different Health Boards will have different procedures for the disposal of organs retained after post mortem examination. Contact the local or regional Pathology Department for advice.

c) Collection by Funeral Director - If the relatives wish to arrange their own cremation or burial at a later date, then this option should be indicated.

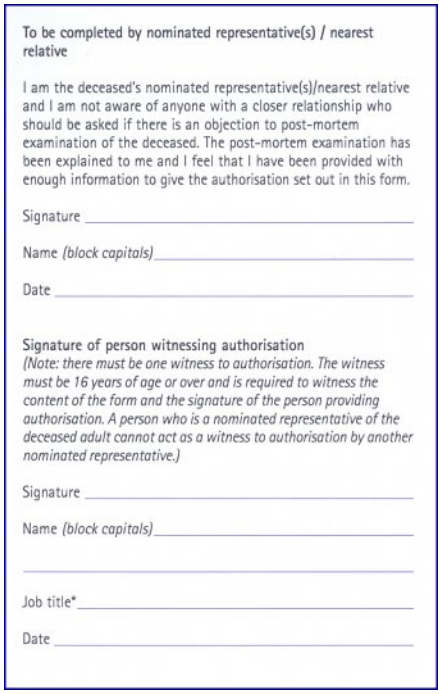
N.B. This section does not need to be completed if no organ is retained.

Signatures:

Please sign indicating that you have obtained authorisation from the relatives giving your name and further details as requested.

The signature of the person giving authorisation is also required with their full name in capital letters. (The hierarchy of relatives who should be approached in obtaining authorisation is given in Section 8 of the further information leaflet)

There needs to be a further witness to the authorisation process, and this can be a member of staff, and /or other relatives, but not a second nominated representative.



To be completed by nominated representative(s) / nearest relative

I am the deceased's nominated representative(s)/nearest relative and I am not aware of anyone with a closer relationship who should be asked if there is an objection to post-mortem examination of the deceased. The post-mortem examination has been explained to me and I feel that I have been provided with enough information to give the authorisation set out in this form.

Signature _____

Name *(block capitals)* _____

Date _____

Signature of person witnessing authorisation

(Note: there must be one witness to authorisation. The witness must be 16 years of age or over and is required to witness the content of the form and the signature of the person providing authorisation. A person who is a nominated representative of the deceased adult cannot act as a witness to authorisation by another nominated representative.)

Signature _____

Name *(block capitals)* _____

Job title* _____

Date _____

NOTES:

1) The authorisation form is in triplicate with the top copy to be given to the nominated representative/nearest relative, one copy to be retained in the patient's case notes and one copy to be sent to the pathologist who will perform the post mortem examination.

N.B. Please make sure the copy for the Pathology Department is readable.

2) If the authorisation for post mortem examination is withdrawn, then all copies of the form should be amended with details of the change of authorisation and the date and time the change was made. The pathology department should be contacted **without delay** in order to indicate that authorisation has been withdrawn.

N.B. Please note post mortem examinations may be carried out within 24 hours.

3) If any extra tissue is to be taken at post mortem examination for use in research, specific authorisation be obtained using a separate form. The research study should have a consent form agreed by a Research Ethics Committee that needs to be signed by a relative. This specific authorisation is the responsibility of the research group and not the pathology department.

N.B. Please note that if a person dies without leaving instruction about post mortem examination and if there are no relatives, nominated representative or long-standing friend who is prepared to authorise a post mortem examination, then a post mortem cannot be carried out under this legislation.