

Authorisation for the Hospital Post-Mortem Examination on an Adult who left no formal authorisation

Name _____
 Date of birth _____
 Date of death _____
 Unit no. _____
 CHI no. _____
 Use patient identification or addressograph label if available

This form is:

- to help you understand what is involved in a hospital post-mortem examination; and
- to provide a record for you and for the hospital about what you want to happen if you decide to authorise a post-mortem examination.

If you wish more information, there are two leaflets. One is short, and gives important general information. The other gives more detailed information. If there is anything you do not understand, or want to know more about, please ask the hospital staff.

Please note: the post-mortem examination usually takes place two or three days after you give your authorisation but (rarely) may take place later the same day.

I am the nominated representative 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 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 diagnosis, audit, education, training or research which are authorised by virtue of this form.

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

I 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, including genetic research. Genetic tests may be carried out if relevant to make a diagnosis.

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

I 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, including genetic research. Genetic tests may be carried out if relevant to make a diagnosis.

Please say what you authorise to be examined:

- Head chest abdomen
 other (please state what is to be examined)

Section 2. Authorisation of retention and use of whole organs

There may be benefits in removing whole organs during the 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 and retained under this section on instructions left by the deceased or with your authorisation.**

- 2A I authorise the removal and retention of the following organ(s) (please specify):
- brain heart lungs
 other – (please specify): _____

for diagnostic purposes, as this can help to better understand the nature of the illness and provide more information about the cause of death.

I understand that blocks and slides may be made from organs retained under this Section 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.

- 2B I authorise the removal and retention of the following organ(s) (please specify):
- brain heart lungs
 other – (please specify): _____

for the following purposes, as this may benefit others who suffer from similar problems in the future (please tick as many as you wish):

- audit education/training research
 genetic research

(Note: where organs are retained under this Section, the disposal options in the last column must be completed.)

Section 3. 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 objections he or she is believed to have had.
- I have offered information to the deceased's nominated representative/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/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/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:

- Information leaflet Further information leaflet
 None Written information declined

To be completed where whole organs were removed under Section 2:

I have discussed the options for disposal of whole organs which have 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.

Signature of member of staff

Signature _____

Name (block capitals) _____

Date _____

Job title* _____

Telephone contact no. _____

Page no. _____

To be completed by nominated representative/nearest relative

I am the deceased's nominated representative/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.)

Signature _____

Name (block capitals) _____

Job title* _____

Date _____

* If member of hospital staff