

Authorisation for the Hospital Post-Mortem Examination of a Child Under 12 Years of Age

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 to your child 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. Another gives more

Child's name _____
 Date of birth _____
 Date of death _____
 Unit no. _____
 CHI no. _____
 Use patient identification or addressograph label if available

detailed information. If there is anything you do not understand, or want to know more about, please ask the hospital staff.

You should take as long as you need to think about whether you wish to authorise a post-mortem examination and what you would want to happen afterwards.

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

I have parental rights and responsibilities for (name of child):

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

I authorise the carrying out of a full post-mortem examination on my child, 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.

OR

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

I authorise the carrying out of a limited post-mortem examination on my child, 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)

OR

Section 1C. Authorisation of an external post-mortem examination

- I authorise the carrying out of an external post-mortem examination on my baby or child, which may involve taking:
- photographs X-rays
 scans small skin or muscle samples

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 these 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 with your authorisation.

2A I authorise the removal, retention and use of my child's organ(s) (please specify which)

_____ 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 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, retention and use of the above-named child's organ(s) (please specify which)

_____ 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 next 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 offered information to the person with parental rights and responsibilities 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 person with parental rights and responsibilities wishes and have given any explanations asked for.
- (If only one person with parental rights and responsibilities is present): I have asked whether there is likely to be any objection to a hospital post-mortem examination from anyone else with parental rights and responsibilities.
- I have explained that unless the procedures authorised have already taken place, the authorisation given by the person with parental rights and responsibilities 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 person with parental rights and responsibilities

I have parental rights and responsibilities for

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 _____

Relationship to the child: (please tick box)

- Mother Father Guardian

Contact details _____

Signature of persons witnessing authorisation (Note: there must be two witnesses to authorisation. Both are required to witness the content of the form and the signature of the person providing authorisation. Both witnesses must be present at the same time, and both must be 16 years of age or over.)

Witness One:

Signature _____

Name (block capitals) _____

Date _____

Job title* _____

Witness Two:

Signature _____

Name (block capitals) _____

Date _____

Job title* _____

* If member of hospital staff