Austin Health

Consent for
Post Mortem Examination

U.R Number .....

Surname .....

Given Name(s) .....

Date of Birth .....

AFFIX PATIENT LABEL HERE

FAH132600

Do NOT complete this form if the case has been referred to the Coroner

	Please tick boxes as acknowledgement of the following (✓)
I understand the options and reasons for performing the post-mortem	
I have received satisfactory answers to my questions	
I understand that full and limited post-mortem involve taking and keeping **small tissue samples** and bodily fluids for testing	
I understand that no **whole organs** will be kept by the hospital without my consent	

Decisions regarding extent of post-mortem examination

Option 1 – I consent to a full post-mortem examination (examination of the brain, chest and abdominal organs)	
Option 2 – I consent to a limited post-mortem examination, limited to examining (specify organs/tissues)	

Decision regarding WHOLE ORGAN retention and handling after post-mortem examination

Detailed and comprehensive examination sometimes requires whole organs to be kept for up to six weeks. There are **TWO** options concerning retention of whole organs.

Option 1 – I understand that in some circumstances specific organs may need to be **temporarily** retained by the hospital as part of a thorough post-mortem examination and that burial or cremation of the body will proceed without these organs	
Option 2 – I require all organs to be restored to the body prior to release for burial or cremation	

If you selected **Option 1**, please indicate what you would like the hospital to do with the organs when the examination is completed.

The hospital to make arrangements for the respectful and lawful cremation of the organ	
The organs to be returned to the Funeral Director for burial or cremation, in accordance with arrangements which I will make directly with the Funeral Director	

Decision regarding SMALL TISSUE SAMPLE retention for other purposes

Sometimes it is helpful for small tissue samples from post mortem examinations to be used for research and other medical and scientific purposes. The body of the deceased and any donated tissue will be treated respectfully, with all research approved by the hospital ethics committee.

I consent to the donation of small tissue samples of the deceased for approved research and other medical and scientific purposes	
I **do not** consent to the donation of small tissue samples of the deceased for approved research and other medical and scientific purposes	

Consent for Post Mortem Examination

M231.0

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Identification of person being requested to make a decision regarding post-mortem examination –

I have received sufficient information to give informed consent and have been given adequate time to make the decision.

I have no reason to believe that the deceased had expressed any objection to the performance of a post-mortem.

Name of person responsible giving consent*	**Relationship to deceased**
Signature	**Date**

I have explained the nature and extent of the post-mortem examination and believe that the person giving consent has understood the explanation.

Doctor's name (print)	**Doctor's signature**	**Date**

If consent is being given by telephone, a second person must witness the consent and sign below.

Witness statement – I was present and heard the explanation given of the nature and extent of the post-mortem examination and believe that the person giving consent has understood the explanation and confirmed their consent to proceed as documented.

Witness name (print)	**Witness signature**	**Date**

I request that a **copy** of the post-mortem report be provided to –

Doctor.....

Address.....

For the requesting medical practitioner –

If there are specific questions you hope to have addressed by this post-mortem examination, please outline these below –

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To be completed by the Pathologist / Chief Medical Officer - I authorise post-mortem examination for this deceased patient.

Name & Title of Designated Officer (print)	**Designated Officer signature**	**Date**

*** To determine the person responsible for consent, please refer to the list available on the Office of the Public Advocate's website**
For all other enquiries please call Anatomical Pathology on 9496 5285