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CONSENT FORM

FOR A HOSPITAL POST MORTEM EXAMINATION OF A FETUS OR INFANT

NAMES OF CONSULTANTS TO WHOM REPORT MUST BE SENT

.....

Section 1	Patient details
Section 2	Changing your mind
Section 3	Complete/limited/external PM
Section 4	Tissue samples
Section 5	Images
Section 6	Genetic testing
Section 7	Ethically approved research
Section 8	Further examination of organ(s)
Section 9	Signature
Section 10	Consent taker's statement
Section 11	Interpreter's statement

Once this form has been completed and signed, two photocopies should be made (further copies can be made if necessary).

- **The original should be given to the person giving consent.**
- One copy should go in the medical notes
- Once copy should go to the mortuary/ histology department.

TO BE FILLED IN BY THE CONSENT TAKER

By signing this you are verifying that you can facilitate the process of obtaining consent

I confirm that:
- I have completed post mortem consent training.
- I confirm that I have attended or observed a post mortem examination.
- I confirm that I understand what blocks and slides are.
- I confirm this form has been completed in conjunction with the help sheet
- I have included the placenta (if applicable) and patient notes.
- I have given written information to the parent(s).

Signed: ..... Date: .....

Name in block capitals: .....

Contact details (the consent taker must be easily contactable)

Ward: ..... Telephone number: .....

CONSENT TAKER ONLY TO COMPLETE SECTION 1 (PATIENT DETAILS) AND BOTTOM OF LAST PAGE (PAGE8) FOR DOCUMENTATION REGARDING DECLINED CONSENT

Name: .....

DOB: .... / ..... / .....

Hospital Number : .....

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CONSENT FOR A HOSPITAL POST MORTEM EXAMINATION

Your wishes about the post mortem examination of your fetus, infant or child

Section 1 PATIENT DETAILS

Mother		Baby
Last name		Last name
First name(s)		First name(s)
Address		Date of birth
		Date of death (if live born)
Hospital no.	Ward	Hospital no.
NHS no.		NHS no.
Date of birth		Sex (if known)
Consultant		Consultant
Father/Partner with parental responsibility		
Last Name		First name(s)

Section 2 CHANGING YOUR MIND

CHANGING YOUR MIND

After you have signed this form, there is a short time (usually 24 hours) in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:

[Name] ..... [Department] ..... [tel.] .....

Before [time] ..... on [day] ..... [date] .....

You will be given a copy of the amended form if you change your mind.

Name: .....

DOB: .... / ..... / .....

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Please read through the following carefully and show what you agree to by writing YES in the box following each question. If you do not agree, write NO.

Section 3 COMPLETE/LIMITED/EXTERNAL POST MORTEM EXAMINATION

A post mortem examination can be complete or limited in extent and the hospital staff will explain this choice and what it means to you. Indicate which of the three options you wish to have by writing yes or no: in the relevant areas – write "**Yes**" for the option you want and "**No**" for the others.

1) I/we consent to a **complete** post mortem examination being carried out by a Pathologist on the body of the above and am not aware that he/she objected to this (in the case of a child). I understand that the reason for the examination is to further explain the cause of death and study the effects of disease and treatment. This may include an external examination by a Clinical Geneticist if appropriate.

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OR

2) I/we consent to a **limited** post mortem examination being carried out on by a Pathologist on the body of the above. I am not aware that he/she objected to this (in the case of a child). This may include an external examination by a Clinical Geneticist if appropriate.

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I/we wish the examination to be limited to:(Note – you can answer "yes" to more than one of these).

The head ☐ The chest and neck ☐ The abdomen ☐

Other (please specify): ……

OR

3) I/we consent to an **external** examination only by a Clinical Geneticist and a Paediatric/Perinatal Pathologist.

☐

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DOB: .... / ..... / .....

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Section 4 TISSUE SAMPLES (COMPLETE/LIMITED POST MORTEM EXAMINATION

A post mortem examination involves the removal and examination of small samples of tissue and body fluids to investigate the cause of death, and to study the effects of the disease and treatment. Tissue samples are taken mostly in the form of blocks and slides. Small amounts of body fluids may also be sent for other investigations.

FIRST YOU MUST DECIDE WHAT YOU WANT US TO DO WITH THE TISSUE BLOCKS AND SLIDES. THERE ARE THREE OPTIONS PLEASE DECIDE WHICH ONE OF THEM YOU WANT.

ANSWER "YES" TO ONLY ONE OF THEM AND "NO" TO THE OTHERS

First option: I/we consent to these samples being **kept as part of the medical records and used for review in the future** (if further information becomes available or for the benefit of the family), for teaching, quality assurance or clinical audit.

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Second option: Following completion of the post mortem report I/we want blocks and slides to be returned to **me/the funeral director** for burial/cremation (please be aware that there may be a cost implication; as funeral directors may need to charge you if they are involved).

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For return of material following completion of report (second option only)

Name of person to be contacted: .....

Title (please circle): Mr, Mrs, Miss, Ms, Other .....

Preferred method of contact: .....

Telephone: .....

Address: .....

Contact to inform you that the blocks and slides are ready for collection will be made via registered post 6 weeks after the post mortem report is completed. If we have been unable to contact you three months after this period, blocks and slides will be dealt with as indicated in the third option

Third option: Following completion of the post mortem report I/we would like the hospital to arrange for disposal of the blocks and slides by individual cremation at the Manchester Crematorium.

☐

Name: .....

DOB: .... / ..... / .....

Hospital Number : .....

Section 5 IMAGES (IF CLINICALLY APPROPRIATE)

Photographs (digital images) and/or X-rays are taken when clinically relevant during a post mortem examination and these are retained for teaching, quality assurance or clinical audit and as part of the medical record.

I consent to X-rays being taken.

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I consent to photographs being taken.

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Section 6 GENETIC TESTING (IF CLINICALLY APPROPRIATE)

In some cases, analysis of chromosomes (DNA) and other genetic tests is important to aid diagnosis. These tissue samples may also be used for teaching, quality assurance or clinical audit.

Statement one: I consent to taking tissues, extracting DNA from it and using it for genetic testing if applicable.

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Statement two: If **"yes"** to statement one I also consent to DNA storage (if no test is available at this time). I understand that this stored material may be of diagnostic benefit to my family or me in the future (if further tests become available).

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Section 7 ETHICALLY APPROVED RESEARCH

If you have agreed for us to retain blocks and slides, tissue for genetics and images do you also give consent to their use in ways that can benefit others?

I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.

☐

Name: .....

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Section 8 FURTHER EXAMINATION OF WHOLE ORGAN(S)

As part of the post mortem it may be important and necessary in occasional cases for whole organs to be examined in greater detail as this may provide a more detailed understanding of the disease/abnormality.

Following this examination and the taking of blocks and slides, the organ(s) will be returned to the body. This will occur within a week of the post mortem so will not delay the funeral in most instances. I understand that tissue blocks and slides taken from this organ will be dealt with in accordance with my instructions for tissue blocks and slides (section 4).

Answer "yes" or "no" to the below.

I/We consent to the examination of a whole organ in greater detail if necessary.

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Section 9 SIGNATURE OF PERSON (PARENT OR RELATIVE) GIVING CONSENT

- I/We have been offered written information about post mortem examination.
- I/We understand the benefits of a post mortem examination.
- All my/our questions about post mortem examinations have been answered.
- I have received information regarding blocks and slides

Mother's name: ..... **Signature:** .....

Father's/Partner's name: ..... **Signature:** .....

Date: ..... **Time:** .....

Note that the mother must be involved in any consent for stillborn babies and babies lost late in the second trimester (where there has been no separate existence) It is preferable for the mother to sign the form in such cases – but we do realise that the father may need to sign. In this case we need to know that the mother was fully involved.

If only the father has signed

As consent-taker, I confirm and verify that the mother was fully involved in the consent process and agrees with the above.

Signed: ..... **(consent taker) Date:** .....

Name: .....

DOB: .... / ..... / .....

Hospital Number : .....

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Section 10 CONSENT TAKER'S STATEMENT:

This is to be completed and signed in front of the person giving consent.

I confirm that:

- I have explained that the post mortem will take place at Royal Manchester Children's Hospital and may involve transfer of the body.
- I have explained the procedures and reasons for them.
- I have explained the terms 'organ', 'tissue samples', 'blocks' and 'slides'.
- I have read the written information offered to the parents.
- I believe that the person/persons giving consent has/have sufficient understanding of a post mortem examination to give valid consent.
- I have recorded any variations, exceptions and special concerns in section 9.
- I have checked the form and made sure that there is no missing or conflicting information. ALL PARTS OF THIS FORM MUST BE COMPLETED.
- I have explained the time period within which parents can withdraw or change consent (CHANGING YOUR MIND Section 2), and have entered the necessary information.
- I have enclosed the documentation stated on page 2 of the help sheet.

Name (please print): .....

Job title/grade: .....

Contact details: .....

Signature of consent taker: .....

Date and time: .....

Section 11 INTERPRETERS STATEMENT *(If relevant)*

I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

Name: ..... **Contact details:** .....

Signature: ..... **Date:** ..... **Time:** .....

Name: .....

DOB: .... / ..... / .....

Hospital Number : .....

Additional information (if required):

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DOCUMENTATION OF DECLINED CONSENT FOR A HOSPITAL POST MORTEM EXAMINATION

This is to record that a discussion of a post mortem examination has taken place with:

.....

Discussion was carried out by (Name of staff member)

.....

Signature of staff member:

.....

Date: .....

Name: .....

DOB: .... / ..... / .....

Hospital Number : .....