

Post mortem consent form

Your wishes about the post mortem examination of your baby

Your wishes about the post mortem examination of your baby

Mother	Baby
Last name	Last name
First name(s)	First name(s)
Address	Date of birth
	Date of death (if liveborn)
Hospital no.	Hospital no.
NHS no.	NHS no.
Date of birth	Gender (if known)
Consultant	Consultant
Father/Partner with parental responsibility	Address (if different from the mother's)
Last name	
First name(s)	
Preferred parent to contact, tel. no.:	
Other, eg, religion, language, interpreter	
.....	

How to fill in this form:

- Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

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

St George's Mortuary staff 0208 725 5240/3447 OR St Peter's Bereavement Office 01932 722319

before [time] on [day] [date]

Please be assured that your baby will always be treated with care and respect.

Section 1: Your decisions about a post mortem examination *Select one of these 3 options.*

A complete post mortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete post mortem is the best way to try to find out.

I/We agree to a complete post mortem examination.

OR

A limited post mortem This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

I/We agree to a limited post mortem examination.

Please indicate what can be examined:

abdomen **chest and neck** **head** **other**

OR

An external post mortem This may not give any new information.

An external post mortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

I/We agree to an external post mortem examination.

Section 2: Tissue samples *Only if you consent to a complete or limited post mortem*

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I/We agree to the tissue samples being kept as part of the medical record for possible re-examination. *If consent is **not** given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.*

Notes to Sections 1 and 2 if required

.....

Section 3: Genetic testing

The pathologist examining your baby may take small samples of skin, other tissue and/or samples from the placenta (afterbirth) to examine chromosomes or DNA, if it is possible that your baby has a genetic disorder. If taken, with your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.
If samples should not be taken from any of these, please note this below.

I/We agree to the genetic material being kept as part of the medical record for possible re-examination. *See Section 8 Item 6 for more information.*

Notes to Section 3 if required

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the post mortem, or the information you get about your baby's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

I/We agree to the tissue samples being kept and used for quality assurance and audit.

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

I/We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

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

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

Section 5: Any other requests or concerns

.....
.....

Section 6: Parental consent

- I/We have been offered written information about post mortems.
- I/We understand the possible benefits of a post mortem.
- My/Our questions about post mortems have been answered.

Mother's name **Signature**

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

Date **Time**

Section 7: Consent taker's statements *To be completed and signed in front of the parents.*

- I have read the written information offered to the parents.
- I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.
- I have recorded any variations, exceptions and special concerns.
- I have checked the form and made sure that there is no missing or conflicting information.
- I have explained the time period within which parents can withdraw or change consent, and have entered the necessary information at the beginning of this form.

Name **Position/Grade**

Department **Contact details (Ext/Bleep)**

Signature **Date** **Time**

Interpreter's 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**

Section 8: Notes for the consent taker

1. "Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination" (Human Tissue Authority, Code of Practice 3, 2009).
2. Written information about post mortems should be offered to all parents before you discuss the form with them.
3. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed**.
4. Make sure that an appropriate time and date are entered in the *Changing your mind* section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The post mortem should not begin unless this section is completed. **It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form.** If the parents do not want a copy of the form, they should still be given written information about changing their minds.
5. Write the mother's or the baby's hospital number in the box at the foot of each page of the form. For a baby who was born dead at any gestation use the mother's hospital number; for a baby who was born alive use the baby's hospital number.
6. **Sections 2 and 3: Tissue samples and genetic material** If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

If disposal is requested, it will usually take place only after the full post mortem report has been completed. The options are: disposal by a specialist hospital contractor; release to a funeral director of the parents' choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be cremated. Genetic material is normally incinerated.
7. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother's (for a stillbirth or miscarriage) or the baby's (for a neonatal death) medical record.
8. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.
9. **Possible further examination of one or more organs** Very rarely, it may be recommended that an organ is kept for more detailed examination after the baby is released from the mortuary. In this case, the form *Consent to further examination of organs for diagnostic purposes* should be completed, as well as this form.
 - **If you already know that this is recommended**, discuss it with the parents and also explain how it might affect funeral arrangements. If they consent, complete the form *Consent to further examination of organs for diagnostic purposes* now, and staple the two forms together. Record the consent in the *Notes to Sections 1 and 2* on this form.
 - **If the pathologist recommends further examination after the post mortem has begun**, they will contact you or the unit. The parents should then be contacted as soon as possible to discuss their wishes and to explain how keeping the organ might affect funeral arrangements. If they consent, the form *Consent to further examination of organs for diagnostic purposes* should be completed and copies distributed as above. A note should be added to the medical record that consent was given, including how it was given (face-to-face, email, fax etc).