

Consent to further examination of organs for diagnostic purposes

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

Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree. Note any variations, exceptions and special requirements in the Notes space below.

The doctors have recommended that one or more of your baby's organs should be examined in greater detail to try to find out more about why your baby died. This is likely to take some weeks and so could affect the timing of your baby's funeral.

- I/We agree to further detailed examination of the organ(s) specified below:
- Any organ
 - The following organ(s)

If you agree to further examination, you also need to decide what should be done with the organ(s) after the examination:

- I/We want the hospital to dispose of the organ(s) respectfully as required by law.
- I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.
- I/We want to delay the funeral until the organ(s) have been returned to my/our baby's body.
- I/We want to donate the organ(s) for:
 - professional training
 - ethically approved research

If you agree to donate one or more organ(s), they will be respectfully cremated as required by the Human Tissue Authority when they are no longer needed. If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the histopathology department.

Notes if required

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Parent(s)

Mother's name **Signature**

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

Date **Time**

If the parent(s) have not signed this form, how was consent obtained and documented?

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Consent taker

Name **Position/Grade**.....

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

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

Interpreter (if relevant)

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

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

Notes for the consent taker

This form should only be used if it is recommended that one or more organs are kept for further examination or for a specialist's opinion **beyond the time when the baby will be released from the mortuary.**

It is important that the parents understand the purpose and benefits of further examination and why this would take longer, and are given the opportunity to ask questions. They should also understand the choices they can make about what should be done with the organ(s) after the examination.

If the parents are not present to sign the form, they can give their consent, for example, over the phone, by email or by fax.

Insert the mother's or the baby's hospital number in the space at the foot of this page. 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.

Once consent has been given and the form completed, send the top copy to the relevant pathology department, offer to give or send 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. Note in the medical record that consent was discussed and given and explain briefly how consent was given.