

Model request form for non-coronial post-mortem (PM) examination

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| Name of person being requested to consent for PM examination | Name of person to undergo PM examination | |
| Relationship to person about whom the request is made | Date of birth | UR Number |

There are three options concerning post-mortem examination. Please indicate your chosen option with a cross (☒).

Option 1—Consent without conditions:

- I consent to a post-mortem examination of any part of the body of the deceased.
- I understand that as part of a thorough post-mortem examination, it is always necessary to take and keep very small samples of tissue or bodily fluids for testing, and that sometimes larger parts of the body such as organs need to be kept for further testing also.
- I consent to any necessary part of the body being kept and tested for the purposes of a thorough post-mortem examination.
- After the testing is finished, I understand that the hospital will keep or dispose of the parts of the body in a safe and hygienic way.
- I consent to donate tissue or parts of the body of the deceased to be used for research approved by the hospital ethics committee, education, and other medical and scientific purposes approved by the hospital.
- I have no reason to believe that the deceased had expressed any objection to the performance of a post-mortem.
- I understand the reasons for performing the post-mortem, the nature of the post-mortem examination and the implications with respect to keeping and disposal of tissue by the hospital, as explained to me by _____.
- I request that a copy of the post-mortem report be provided to Dr _____.

Option 2—Consent with conditions:

- I consent to a post-mortem examination of the body of the deceased, but with some conditions about the extent of the examination, or about the retention, use and disposal of parts of the body. I have **answered the four questions** about these matters on the other side of this form.
- I have no reason to believe that the deceased had expressed any objection to the performance of a post-mortem.
- I understand the reasons for performing the post-mortem, the nature of the post-mortem examination and the implications with respect to keeping and disposal of tissue by the hospital, as explained to me by _____.
- I request that a copy of the post-mortem report be provided to Dr _____.

Option 3—No consent:

- I do not consent to a post-mortem examination.

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| Signature of person being requested to give consent (senior next of kin) | Date |
| Witness statement: I have explained the nature and extent of the post-mortem examination, and believe that the person giving consent has understood the explanation. | |
| Signature of person obtaining and witnessing consent | Date |
| Name of person obtaining and witnessing consent | |

If you have chosen Option 2, please answer these four questions by marking your choices with a cross (☒).

1. Post-mortem examination may include the whole of the body, or be limited to parts of the body. In both cases, this always involves taking and keeping small tissue samples and bodily fluids for testing.
 - I consent to a post-mortem examination of any part of the body of the deceased.
 - OR**
 - I consent to a limited post mortem examination of the body of the deceased, which includes the following parts of the body: _____

2. As part of a thorough post-mortem examination, larger parts of the body such as organs sometimes need to be kept for further testing also. Do you give consent for parts of the body to be kept by the hospital for testing?
 - I consent to any necessary part of the body including organs being kept and tested for the purposes of a thorough post-mortem examination.
 - OR**
 - I consent to only the following parts of the body or organs being kept and tested for the purposes of a thorough post-mortem examination: _____

 - OR**
 - I do not consent to any part of the body (except for small tissue samples and bodily fluids) being kept for testing.

3. If you consented to the hospital keeping parts of the body including organs for testing, what would you like done with these parts of the body when testing is finished? Small tissue samples and bodily fluids cannot be returned, and must be kept by the hospital.
 - After the testing is finished, I want the hospital to dispose of the parts of the body in a safe and hygienic way.
 - OR**
 - After the testing is finished, I want the parts to be reunited with the body of the deceased, in the following way (specify): _____

4. Sometimes it is very helpful for human tissue from post-mortem examinations to be used for research, education, and other medical and scientific purposes. The body of the deceased and any donated tissue will be treated respectfully. Do you wish to donate tissue or parts of the body of the deceased for research approved by the hospital ethics committee, education, and other medical and scientific purposes?
 - I consent to the use of any tissue samples and parts of the body of the deceased to be used for research, education, other medical or scientific purposes approved by the hospital.
 - OR**
 - I consent to only the use of tissue samples and parts of the body of the deceased taken for the purposes of a thorough post-mortem examination to be used for research, education, other medical or scientific purposes approved by the hospital.
 - OR**
 - I do not consent to donate tissue and parts of the body from the deceased.