

ORGANS BEING TAKEN

You may agree or object to whole organs being taken for further examination which could provide a more detailed understanding of the illness.

Tick one of the statements below to indicate whether or not you agree to organs being taken or held.

- I do not object to any organs being taken for further investigation if this is necessary to fully understand the cause of death and effects of treatment.
- I object to any organs being taken for further investigation.
- I object to the following organs being taken for further investigation.
(Please list organs below)

DISPOSAL OF ANY TISSUE OR ORGANS TAKEN

After further investigation of tissue or organs taken, those tissue samples or organs must be disposed of in a lawful way. You can either arrange this yourself or the hospital can do it.

- The hospital may dispose of the organs in a lawful and respectful way.
- I will arrange for the organs to be disposed of in a lawful manner.
- I wish the organs to be reunited with the body before it is released, even though this may delay the funeral.

MEDICAL RESEARCH AND TEACHING

You may agree or disagree to tissue, fluids or organs being taken and held for an unlimited time for medical research and teaching.

NOTE: These donated tissues, fluids or organs are likely to be retained indefinitely.

Tick one of the statements below to show whether or not you agree to any tissue, fluids or organs being taken or held for medical research and education.

- I do not object to any tissue, fluids or organ being taken for medical research and education.
- I object to any tissue, fluids or organ being taken for medical research and education.

POST MORTEM REPORT

You may want a copy of the results of the post mortem examination referred to a doctor of your choice

I require a copy of the post mortem report to be forwarded to:

Name & Address of Doctor:

CERTIFICATION BY NEXT OF KIN

My relationship to the deceased is:	
Signature:	(Senior available Next of Kin)
Date:	
Witness certifying that all relevant information has been provided to the Next of Kin signing above:	
Print Name:	(Medical Officer)
Date:	

**VERBAL CONSENT FROM NEXT OF KIN (Doctor to Complete)
ONLY WHERE RELATIVES ARE UNAVAILABLE TO SIGN
(SUCH AS INTERSTATE)**

Senior available Next of Kin consent obtained from:	
Relationship to the deceased is:	

I hereby declare that I have discussed with the aforementioned Next of Kin, all points raised in this form, and they have given verbal consent for a post mortem examination to be performed and have indicated where required their conditions of consent.

Print Name:	(Medical Officer)
Signed:	Date:

CERTIFICATION BY POST MORTEM COORDINATOR

I _____, being the Post Mortem Coordinator for _____ Hospital, hereby certify, in accordance with the requirements of clause 12 (c) of the *Non-Coronial Post Mortem Examinations Code of Practice 2002*, that all relevant information has been provided to _____ (the senior available Next of Kin) so that informed decisions could be made by him/her in the giving of this consent.

Print Name:	(Post Mortem Coordinator)
Signed:	Date:

AUTHORISATION OF POST MORTEM EXAMINATION

I _____, being the designated officer/delegate of the designated officer for _____ Hospital, hereby authorise, in accordance with the requirements of section 25(1) of the *Human Tissue and Transplant Act 1982*, the post mortem examination of:

Name of deceased:	
Date and place of death:	

In accordance with the conditions attached to the above consent.

Signature of designated officer/delegate:	
Position:	
Date:	

(Hospital use only)

In accordance with the requirements of clause 12(d) of the *Non-Coronial Post Mortem Examinations Code of Practice 2002*, a copy of this document, authorising the post mortem examination of

in accordance with the conditions of consent as given by the senior available Next of Kin of the deceased, has been given to:

_____ (the senior available Next of Kin).

Name of Post Mortem Coordinator: (Print in Block Letters)	
Signature of Post Mortem Coordinator	
Date:	