

CONSENT FOR POST MORTEM EXAMINATION (MR 236)

Surname: Forename: Sex: D.O.B.

AFFIX LABEL HERE

Part A

WRITTEN PARENTAL CONSENT

I hereby give my consent for a post mortem examination to be performed on subject to the conditions specified below.

The following checklist is provided to ensure that you have received sufficient information to give informed consent for a post mortem examination. KEMH will NOT proceed with the examination unless all questions are answered.

- I have read and understood the Post Mortem Examination Information Pamphlet YES NO
I have had the opportunity to ask questions YES NO
I have received satisfactory answers to all my questions YES NO
I understand that tissue samples or fluids will be taken and held for laboratory investigations YES NO

Consent for the following Post Mortem Examination has been given (Please tick ONE box)

Full Examination External Examination Only
Limited Examination Step - Wise Examination

State limitations if necessary

- May tissue, apart from routine samples taken for Histology, be retained for teaching and research? YES NO
Whole Organ(s) may be retained - YES NO
If whole organ(s) may be retained specify which:
Specify method of organ disposal after examination:

My relationship to the deceased is:
Signed: Date:

Part B Witness certifying that all relevant information has been provided to Parent(s) signing above:

Print Name & Title: (Clinical Staff)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR Part C VERBAL CONSENT FROM NEXT OF KIN**

I hereby declare that \_\_\_\_\_  
the parent(s) of baby \_\_\_\_\_ has been provided with all the relevant  
information and have given informed verbal consent for a post mortem examination to be performed on their child and  
for routine tissues samples to be taken for Histology and retained indefinitely.

Print Name & Title: \_\_\_\_\_ (Clinical Staff)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part D POST MORTEM RESULTS**

1. I would like a brief report in plain language to be sent to me via –

Dr \_\_\_\_\_  
(Address) \_\_\_\_\_  
\_\_\_\_\_

**NOTE:**  
Technical and Plain  
Language Reports cannot  
be sent directly to  
parents.

2. I would like the full technical report to be sent to -

Dr \_\_\_\_\_  
(Address) \_\_\_\_\_  
\_\_\_\_\_

The name of a GP or  
other Doctor must be  
provided.

**Part E POST MORTEM COORDINATOR**

All relevant documentation has been provided to the parents and informed consent has been given and obtained to  
the best of my knowledge.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part F AUTHORITY FOR POST MORTEM EXAMINATION (NOT to be completed by requesting doctor)**

I \_\_\_\_\_

having the powers of a designated officer delegated to me under the Human Tissue Act 1982, authorise a post  
mortem examination to be performed on the above named deceased.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part G PATHOLOGIST** Dr \_\_\_\_\_

**ID NO.**

**Part H****CLINICAL INFORMATION TO BE COMPLETED BY CLINICAL STAFF****Medical Staff Please Note**

This form - **Consent for Post Mortem Examination (MR 236)** must be completed for ALL babies of greater than twenty weeks gestation before a post mortem examination can take place and must be accompanied by:

1. **Medical Certificate of Cause of Stillbirth or Neonatal Death (BDM 201)**
2. **Certificate of Medical Attendant (Form 7)**

**For babies born outside KEMH** - when sending a baby for examination please send the completed forms mentioned above with the baby and its unfixed placenta and a note of any available details of funeral arrangements.

If you have any queries regarding any aspects of the post mortem arrangements please contact the Post Mortem Coordinator or the Perinatal Pathology Department at the King Edward Memorial Hospital on **(08) 9340 2730** or via FAX on (08) 9340 2636.

**PRESENT PREGNANCY**

L.M.P. \_\_\_\_\_ Estimated Gestation: By Dates \_\_\_\_\_ By U/S \_\_\_\_\_  
(include all abnormalities and any relevant drug history)

**PAST OBSTETRIC HISTORY AND OTHER RELEVANT MEDICAL DETAILS****WHAT SPECIFIC QUESTIONS WOULD YOU (AS THE REQUESTING DOCTOR) LIKE TO GAIN ANSWERS TO FROM THIS POST MORTEM EXAMINATION?**

**LABOUR** and **DELIVERY** Onset: Spontaneous / Induced

**PRESENTATION** Method: Spontaneous / Forceps / Caesarean

**Date & Time of Delivery** \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM

**BABY - SEX - M / F** Apgars: INTUBATED: YES/NO BIRTH WEIGHT \_\_\_\_g

***THIS SECTION IS TO BE COMPLETED FOR NEONATAL DEATHS***

**NEONATAL PROBLEMS** - All procedures carried out on infant (include details of ventilatory support and duration)

**DEATH** Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ Duration of Extrauterine Life \_\_\_\_

**The following Clinicians wish to attend the Post Mortem Examination** (PLEASE PRINT)

1. Dr: \_\_\_\_\_ Pager No. \_\_\_\_\_ 2. Dr: \_\_\_\_\_ Pager No. \_\_\_\_\_

**TO BE COMPLETED BY THE POST MORTEM COORDINATOR ONLY**

**BABY'S DETAILS**

UMRN \_\_\_\_\_

SURNAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

SEX  M  F GESTATIONAL AGE \_\_\_\_\_ / 40 POST NATAL AGE \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOCUMENTATION RECEIVED**

- BDM201 – MEDICAL CERTIFICATE OF CAUSE OF STILL BIRTH OR NEONATAL DEATH
- RG 356 – MEDICAL CERTIFICATE OF CAUSE OF DEATH
- FORM 7 – CERTIFICATE OF MEDICAL ATTENDANT
- MR 236 – CONSENT FOR POST MORTEM EXAMINATION
- MR 345/346 – CREMATION CONSENT (SB <28/40)

**POST MORTEM DISCUSSION DETAILS**

POST MORTEM COORDINATOR \_\_\_\_\_

PRESENT \_\_\_\_\_

RELATIONSHIP TO DECEASED \_\_\_\_\_

INFORMATION PAMPHLET  PROVIDED  READ  DISCUSSED

**ISSUES DISCUSSED**

- PM INCISIONS
- PM OPTIONS
  1. Full
  2. Limited
  3. External
  4. Step-By-Step
- ROUTINE TISSUE SAMPLES - taken at post mortem for Histology and retained indefinitely
- RETENTION OF TISSUE / ORGANS
- MEMENTOS – Photos, Hand and Foot Prints
- FUNERAL ARRANGEMENT OPTIONS
  1. KEMH Cremation Options (SB <28/40)
    - Monthly Interment of Ashes Service
    - Separate Ashes
  2. PRIVATE (Funeral Directors)
- PM REPORTS
  1. Preliminary and Final Reports
  2. Technical Reports
  3. Plain Language Report
- VALUE OF A POST-MORTEM EXAMINATION

QUESTIONS RAISED BY NEXT OF KIN  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANSWERS GIVEN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_