

WOMEN'S AND CHILDREN'S HEALTH SERVICES

**CONSENT FOR POST MORTEM
EXAMINATION
(MR 236)**

Med Rec. No:

Surname:

Forename:

Sex: D.O.B.

第一部分

父母書面同意書

本人 _____ 同意當局依下列條件為死者
_____ 作屍體檢驗。

下列清單是幫助你對驗屍有更清楚的認識而提供的。每項的答案你都填上，愛德華國王紀念醫院 (KEMH) 才進行屍體檢驗。

- | | | | | |
|--|---|--------------------------|---|--------------------------|
| 我已經看過驗屍資料單張，懂得它的意思。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我曾有過提出問題的機會。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我的問題得到了滿意的答案。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道組織樣本或液體會拿去實驗室作檢驗的。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道組織樣本會按例取出作為組織學研究並永久保留，此外這些組織樣本也會用來作教學和質量控制之用。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道未經我許可當局不會保留整個器官的。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道驗屍時會攝取醫學相關的照片。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道驗屍時除了驗屍的病理學家以外，其他專業醫療人士 (實習病理學家、醫生、護士) 也會在場。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我對驗屍事情已經充份瞭解，所以同意，而且也有過充份時間思考，達到這個決定。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |
| 我知道我可以限制驗屍的範圍，我也知道檢驗範圍越大，所獲得的信息也越多。 | 是 | <input type="checkbox"/> | 非 | <input type="checkbox"/> |

我已同意當局進行下列驗屍範圍 (請只在一個框上打勾)

- | | | | |
|-------|--------------------------|--------|--------------------------|
| 整套驗屍 | <input type="checkbox"/> | 只限外表驗屍 | <input type="checkbox"/> |
| 有限度驗屍 | <input type="checkbox"/> | 跟蹤檢驗 | <input type="checkbox"/> |
- 填寫你同意的有限度驗屍範圍 _____

- 組織樣本除作檢驗外，是否可由當局保留? 可 不可
- 同意保留整個器官 同意 不同意

如果同意當局保留整個器官，請註明哪個器官: _____

請註明經研究檢查過，器官處理方法。 _____

我和死者的關係是: _____

同意人簽名: _____ 日期: _____ / _____ / _____

第二部分 證明人證明上述簽字父母已經獲得所有相關信息資料

姓名稱呼 _____ (clinical staff)

簽名 _____ 日期 _____ / _____ / _____

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

