

WOMEN'S AND CHILDREN'S HEALTH SERVICES

CONSENT FOR POST MORTEM EXAMINATION (MR 102)

Med Rec. No: Surname: Forename: Sex: D.O.B.



第一部分 最近親屬書面同意書

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“是”，我們才進行屍體檢驗。

- 我已經看過驗屍資料單張，懂得它的意思。
我曾有過提出問題的機會。
我的問題得到了滿意的答案。
我知道未經我許可當局不會保留整個器官的。
我知道組織樣本或液體會拿去實驗室作檢驗的。
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、醫療人員、護士)也會在場。
我知道驗屍時會攝取醫學相關的照片。
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。
我對驗屍事情已經充份瞭解，所以同意，而且也有過充分時間思考達到這個決定。

我已同意當局進行下列驗屍事項

(請只在一個框上打勾，否則填寫你同意的有限度驗屍事項)

- 整套驗屍 有限度驗屍
跟蹤檢驗 只限外表驗屍

同意保留整個器官

除了例常為組織研究拿取樣本外，必要時整個器官也可保留作進一步檢查，以瞭解死亡原因以及醫療效果。

如果同意當局保留整個器官，請註明哪個器官：

驗屍後器官處理辦法

器官經研究檢查過，應予以合法處理。

我可選擇：

請在一個方框上打勾

- 1. 醫院可依法尊重處理這些器官。
2. 我自己安排依法處理這些器官。
3. 我希望把這些器官放回屍體內，才領回屍體，我知道這樣可能延後葬禮。

我和死者的關係是：

同意人簽名： 日期：

Part B Witness certifying that all relevant information has been provided to the next of kin signing above:

Print Name and title: _____

Signed: _____ Date: ____ / ____ / ____

OR Part C VERBAL CONSENT FROM NEXT OF KIN (Medical Officer to Complete)

Verbal consent has been obtained from _____ the senior available next of kin of _____ (baby/child's name) for a post mortem examination to be performed .

Declaration: I have discussed with the aforementioned next of kin all points raised in Part A of this form, and have indicated where required their conditions of consent (by proxy).

Print Name: _____

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 (PMC)

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

Print Name: _____

Signed: _____ Date: ____ / ____ / ____

The next of kin were contacted by:

Phone: Date: ____ / ____ / ____ Time: _____

Visit: Date: ____ / ____ / ____ Time: _____

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

I _____

having the powers of a designated officer delegate 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 - CLINICAL INFORMATION TO BE COMPLETED BY THE REQUESTING DOCTOR ONLY

PAST HISTORY AND OTHER RELEVANT MEDICAL DETAILS including infectious risks:

WHAT SPECIFIC QUESTIONS WOULD YOU (AS THE REQUESTING DOCTOR) LIKE TO GAIN ANSWERS TO FROM THIS POST MORTEM EXAMINATION?

THIS SECTION TO BE COMPLETED FOR NEONATAL DEATHS ONLY

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

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 POST MORTEM COORDINATOR or DELEGATE

NEXT OF KIN DETAILS

SURNAME: _____ **GIVEN NAME:** _____

ADDRESS: _____

MEDICAL OFFICER (S): _____

DECEASED DETAILS

UMRN: _____

SURNAME: _____ **GIVEN NAME:** _____

SEX: M F 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 102 – CONSENT FOR POST MORTEM EXAMINATION

POST MORTEM DISCUSSION DETAILS and CHECKLIST

PM CO-ORDINATOR _____

PRESENT _____

RELATIONSHIP TO DECEASED _____

INFORMATION PAMPHLET PROVIDED READ DISCUSSED

ISSUES DISCUSSED

- PM INCISIONS**
- PM OPTIONS** Full / Limited / External / Step-By-Step / Other
- ROUTINE TISSUE SAMPLES** - taken at post mortem for Histology and retained indefinitely
- RETENTION OF TISSUE / ORGANS**
- PM REPORTS** Plain Language Report / Technical Reports Preliminary and Final Reports
- VALUE OF A POST-MORTEM EXAMINATION**

QUESTIONS RAISED BY NEXT OF KIN YES NO

ANSWERS GIVEN

POST MORTEM COORDINATOR

SIGN _____ **DATE** ____ / ____ / ____

NEXT OF KIN

SIGN _____ **DATE** ____ / ____ / ____