

HUMAN TISSUE AND TRANSPLANT ACT 1982
NON-CORONIAL POSTMORTEM EXAMINATIONS CODE OF PRACTICE 2002
人體組織和器官移植法 1982 年 與法庭驗屍無涉的屍體檢驗實行法則 2002 年

POSTMORTEM EXAMINATION CONSENT FORM 驗屍同意書

同意為死者作屍體檢驗

本人 _____ (死者最年長近親)，同意當局依下列條件
為死者 _____ 作屍體檢驗。本人同意是因為據本人所知：

- 死者從未對驗屍表示反對過，而且
- 他/她的親屬沒有一個人反對過
- 我知道驗屍通常要從屍體內抽取組織樣本和/或液體，這些組織樣本和/或液體將會由實驗室永久保留作為檢查或其他合法用途，也會作為醫學研究或和教學之用。
- 我知道驗屍時除了驗屍的病理學家以外，其他醫療專業人士 (實習病理學家，醫療人員，護士) 也會在場。
- 我已經看過驗屍情況說明書 (當局承認的說明書)，懂得它的意思。
- 我有機會提問並已獲得滿意的答案。
- 我已得到不少驗屍方面的信息，有足夠的時間作出這樣的決定。

同意的條件

有限度的驗屍

你可以規定驗屍的限度。給你這份表格的人會告訴你有甚麼選擇和選擇的結果。

你要規定驗屍的限度嗎？ 要 不要 (請圈上你的答案)

如果答案是“要”，那麼你規定的限度是甚麼？

- 心臟
- 胸腔
- 腹腔
- 其他(請註明)

_____ _____ _____ _____

取出器官

你可同意或反對整個器官取出以進一步查明病症和死亡的原因。

同意或反對整個器官取出，可從下列三項打勾選擇一項。

- 我不反對取出任何器官作進一步檢查，如果這樣會更瞭解死亡的原因和治療的效果。
- 我反對取出任何器官作進一步檢查。
- 我反對將下列器官取出作進一步檢查 (請註明器官)

處理取出的組織或器官

取出的組織或器官作完檢查後，必需依法處理。你可自己安排或由醫院安排。

- 醫院可依法尊重處理
- 我安排依法處理這些組織或器官。
- 我希望將器官先放回遺體內再發放遺體，即使這樣會延後安葬日期。

醫療研究和教學

你可同意或反對當局無限期保留取出的組織、液體或器官，以作醫療研究和教學之用。

註：這些捐贈出來的組織、液體和器官可能會被永久保留。

請在下列情況前打勾選擇一項表示你願意或不願意將所取出的液體、組織或器官作為醫療研究和教學之用。

- 我不反對將所取出的液體、組織或器官作為醫療研究和教學之用。
- 我反對將所取出的液體、組織或器官作為醫療研究和教學之用。

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:	