



## **PATIENT INFORMATION SHEET AND CONSENT FORM**

### Authorisation and Release of a human fetus or placenta

#### **Health and Safety matters**

Human tissue, including a human fetus or placenta, usually contains bacteria and other micro-organisms. We need to manage it carefully to reduce the risk of disease to the public.

This Information Sheet explains the risks of receiving and/or keeping human tissue. Please note that it is illegal to advertise and sell any human tissue.

Please take the time to read the information carefully and discuss it with others if you wish. Ask questions if anything is unclear or if you would like more information.

#### **1. What are the risks to me if I take a human fetus or placenta home?**

Infections can be acquired from hospital waste in a number of ways. These include direct contact, or contact through the air or from a water source. The hospital will not test any human tissue (including a human fetus or placenta) for micro-organisms. It will not disinfect the tissue or preserve it prior to release.

#### **2. What other options are available, other than taking the human fetus or placenta home?**

The other options that can be arranged include:

- viewing
- receiving a photograph of the human fetus or placenta.

#### **3. I still want to take the human fetus or placenta home. What do I need to know about handling them?**

The human fetus or placenta will be given to you in a labelled container. The container may also contain normal saline (salty water). Normal saline does not harm the skin or any human tissue. It is not a preservative. As the human fetus or placenta will not be preserved, it should be:

- stored in a cool place, such as a non-food refrigerator or in an esky containing ice
- disposed of, such as by burial or cremation, within seven (7) days of taking it from the hospital.

You may also need to check with your Local Government about safe disposal of the human fetus/placenta and container.

**4. If I decide to take home the human fetus or placenta, how should I dispose of them?**

If you intend to bury the human fetus or placenta, please make sure that:

- you have obtained permission to bury it on the property from the property owner
- you choose a location not likely to contaminate a domestic or drinking water supply
- you only remove the human fetus or placenta just before burial
- you wear protective gloves
- you bury the human fetus or placenta at least one metre below the surface of the soil, to avoid accidental excavation or removal by animals.

If you intend to cremate the human fetus or placenta, this can be arranged by a Funeral Director or, in some circumstances, by the hospital concerned.

North Metropolitan Health Service via PathWest provides a state-wide cremation service for products of conception and stillborn babies of less than 28 weeks gestation. At King Edward Memorial Hospital, the ashes can be interred in the memorial garden or returned to the parents.

**5. How do I dispose of the saline and container?**

You should wear protective gloves and safety glasses when you handle the container. Remove the lid of the container, drain the fluid into a toilet bowl, and flush the toilet. Place the lid and the container in a plastic bag for disposal in household waste.

**6. Can I return the human fetus or placenta to the hospital for disposal?**

If the circumstances for safe disposal change, you may return the human fetus or placenta (double-bagged and in a labelled container) to the hospital of origin for disposal. You should contact the senior health professional who authorised the release to arrange this.

**In signing the attached form you indicate that you understand the potential health risks from the human fetus or placenta, including infection, and agree to handle them in a safe way which will not place you or others at risk.**

**Authorisation and Release of a human fetus or placenta  
 Consent Form**

[To be used in conjunction with the Patient Information Sheet]

 Government of <b>Western Australia</b> Department of Health  Hospital _____	Surname of the Patient	UMRN / MRN	
	Given Name of the Patient	DOB	Sex
	Address	Telephone	Post Code
	Description (Human fetus or placenta)		

**This authorisation relates to the release of a human fetus or placenta to a patient / senior available next-of-kin or authorised delegate. In signing the form, you indicate that you understand the potential health risks and agree to handle the human fetus or placenta in a safe way which will not place you or others at risk.**

- The completed form must be retained as part of the patient’s medical record.
- Only the patient /senior available next-of-kin /authorised delegate is able to complete this consent
- Where the human fetus or placenta is to be buried or cremated under the management of a contracted funeral director, the funeral director will sign the release and verify the identity of the patient/senior available next-of-kin or authorised delegate.

1. I,.....of.....  
 .....have received the stated human fetus or placenta.
2. I acknowledge that I have read the Patient Information Sheet, which explains the infection control risks of releasing a human fetus or placenta, and the information has been explained to me to my satisfaction and I understand my responsibilities.
3. Before signing this Consent Form, I have been given the opportunity to ask any questions relating to any possible physical harm I or others might suffer as a result of handling a human fetus or placenta and I have received satisfactory answers.
4. I am/am not aware of any other person with an interest in the human fetus or placenta who does not agree with this decision, or reasons why others should be consulted (as in the case of joint custody or guardianship).
5. I acknowledge receipt of a copy of this Consent Form and the Patient Information Sheet.

Patient/Senior available next-of-kin/authorised delegate:  
 Please PRINT name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Senior health professional authorising the release:  
 Please PRINT name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Pager/mobile: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_