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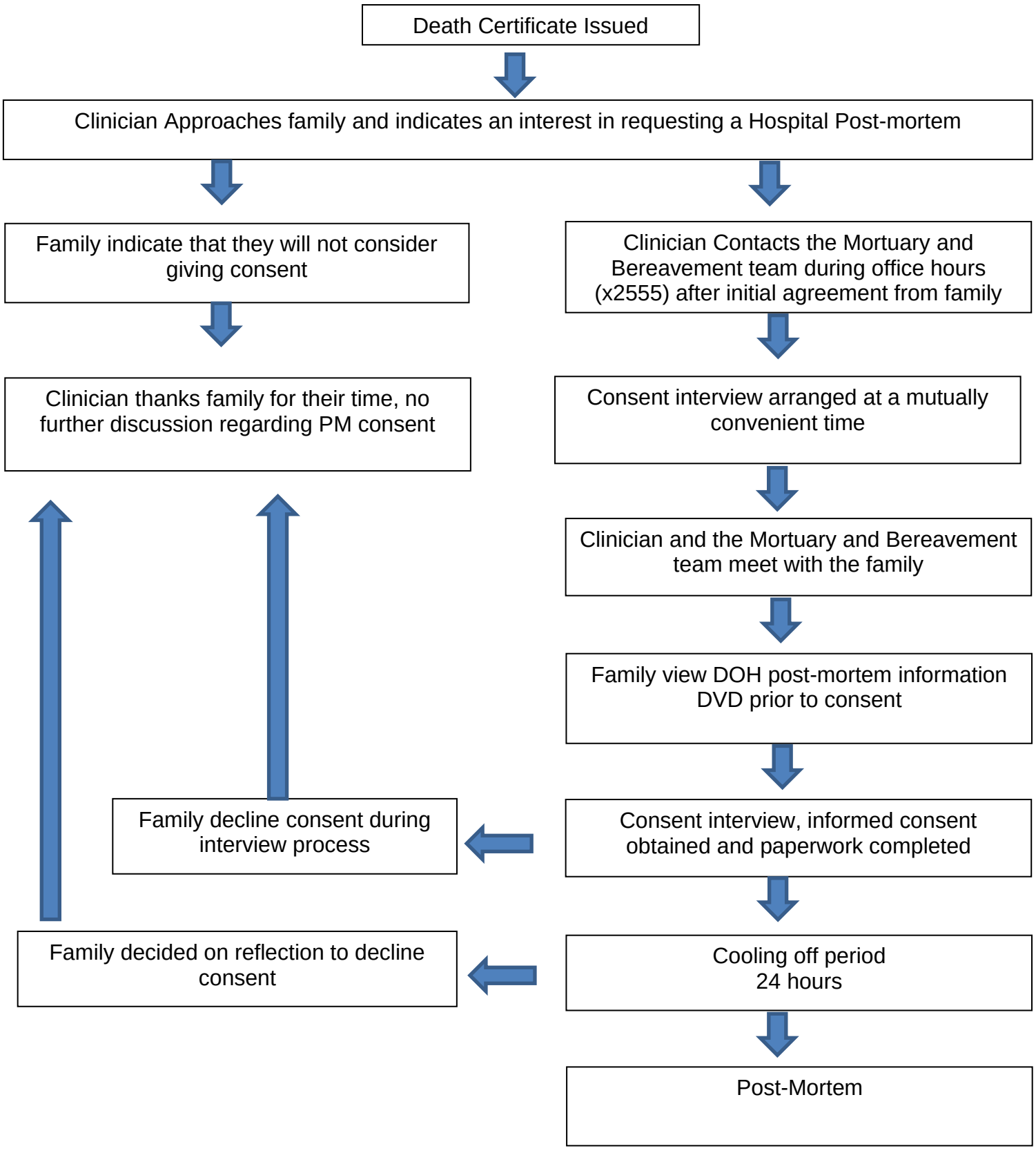
Royal Cornwall Hospitals NHS Trust

Consent for Hospital Post-Mortem Examination on an Adult Policy

V5.0

November 2022

Summary


Death Certificate Issued
Clinician Approaches family and indicates an interest in requesting a Hospital Post-mortem
Family indicate that they will not consider giving consent
Clinician thanks family for their time, no further discussion regarding PM consent
Clinician Contacts the Mortuary and Bereavement team during office hours (x2555) after initial agreement from family
Consent interview arranged at a mutually convenient time
Clinician and the Mortuary and Bereavement team meet with the family
Family view DOH post-mortem information DVD prior to consent
Consent interview, informed consent obtained and paperwork completed
Family decline consent during interview process
Cooling off period 24 hours
Family decided on reflection to decline consent
Post-Mortem

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This policy covers the procedure and responsibilities when seeking consent for a hospital post-mortem examination to take place on an adult (over 18 years of age). This policy is primarily based on the HTA code of practices - 'Code A: Guiding Principles and The Fundamental Principal of Consent (2020)' and ‘Code B: Post-mortem Examination’(2017).

1.2. The majority of post-mortem examinations are conducted under the authority of HM Coroner when a death is unexpected, sudden or of unknown cause. The consent of family/relatives is not required when HM Coroner requests a post-mortem. Consent is required however under the Human Tissue Act 2004 (HT Act) when a request has come from a clinician or clinical team, usually for educational and training purposes. This type of post-mortem is commonly referred to as a hospital or consented post-mortem examination. Under the HT Act (2004) consent is also required for the removal, retention and use of relevant material from the body of a deceased person. Not having appropriate consent for these purposes is an offence under section 5 of the HT Act (2004).

1.3. Relevant material is defined in the HT Act (2004) to mean material, other than gametes, which consists of or includes human cells, and covers a wide spectrum of tissues and bodily fluids. The fundamental concept of relevant material is that if a sample is known to contain even a single cell that has come from a human body, then the sample should be classified as relevant material. A comprehensive list can be found on the following link:

Materials considered ‘relevant material’ under the Human Tissue Act | Human Tissue Authority (hta.gov.uk)

1.4. Compliance with the HT Act (2004) is assessed by the Human Tissue Authority (HTA), which is the regulatory body appointed from the HT Act (2004). The HTA’s remit is to ensure the post-mortem examinations are undertaken with appropriate consent (or under the authority of HM Coroner) and on suitable premises licensed for that purpose, which is a statutory requirement under the HT Act (2004)

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy and associated documentation will describe and enable:

- Informed and documented consent for an hospital post-mortem examination on an adult to be undertaken.

- RCHT to be compliant with HT Act (2004) through the provision of an approved and detailed consent form.

3. Scope

This policy covers procedure and responsibilities to enable informed and documented consent for hospital post-mortem examination on adults.

4. Definitions / Glossary

- HTA - Human Tissue Authority
- HT Act - Human Tissue Act 2004
- DI - Designated Individual for HTA
- LH - License Holder (RCHT Medical Director)

5. Ownership and Responsibilities

5.1. Consultant Medical Teams

5.1.1. Hospital or consented Post-mortem requests will normally be made by either the clinical team responsible for the treatment of the deceased or from the deceased family/relatives. Where the clinical team feels there is a need for a post-mortem the Consultant in charge or responsible clinician will need to make arrangements to explain the rationale for the request and what a post-mortem examination involves. Consent must be sought for full, limited and minimally invasive post-mortem examinations. The benefits and limitations should be explained to the family so that they have all the required information to make an informed decision. The discussions should also include the removal, retention and use of relevant material, which may aid the findings and the results of the post-mortem.

5.1.2. Where consent has not been given by the person in life consent for a hospital post-mortem examination may be given by the deceased person's nominated representative or a person in a ‘qualifying relationship’. An adult may appoint one or more nominated representatives to carry out their wishes after death in relation to activities for which consent under the HT Act (2004) is required. An executor is not automatically classified as a nominated representative and would need to be specifically appointed.

5.1.3. Family members in a qualifying relationship are found in the HT Act (2004) in following order (highest first):

- spouse or partner
- parent or child
- brother or sister
- grandparent or grandchild
- niece or nephew
- stepfather or stepmother
- half-brother or half-sister

- friend of long standing.

5.1.4. When a request for a hospital post-mortem has come from a relative or other responsible person, a member of the clinical team must be informed and discuss with the relevant Consultant. The same principles as previously noted apply when discussing the rationale of a post-mortem and what is involved, stating the benefits and limitations.

5.1.5. Only members of staff that have received appropriate consent training can seek consent. Initial training should be supplemented with competency assessment at regular intervals.

5.1.6. The clinician will then obtain consent in the presence of a member of staff from the Mortuary and Bereavement team who will ensure consent has been obtained according to HTA requirements.

5.1.7. The Consultant or responsible doctor will need to make arrangements with the family to explain the post-mortem findings.

5.2. **Nursing Staff**

If a member of the nursing team is approached by a relative or other responsible person to request a Post-mortem, the request should be referred directly to a member of the clinical team responsible for the deceased patient. The Mortuary and Bereavement team can also be contacted to a provide advice if required on extension 2555.

5.3. **Mortuary Staff**

5.3.1. The mortuary team will review all hospital post-mortem requests for appropriate consent and completion. Once confirmed the consent form will be scanned and uploaded into the laboratory reporting system's (WinPath) image folder. The original copy of the consent form will be retained in the patients notes. The mortuary team will then arrange for a pathologist to perform the post-mortem.

5.3.2. Post-mortems that require Histopathology examination or other laboratory analysis, such as toxicology, will need specific consent for the removal, retention and use of relevant material. This should be indicated on the consent form. The consent information will be provided by the mortuary team to the relevant laboratory along with the completed request form and sample container.

5.3.3. The disposal of relevant material, which includes requested repatriation with the body prior to release, will be conducted as per the instructions provided on the consent form and as per documented procedure. Records will be updated and retained as part of the patients' record.

5.4. Pathologists

5.4.1. The pathologist performing the post-mortem examination will check the consent form has been completed correctly before starting. This will include the consent requirements for the removal, use, retention and disposal of relevant material. The pathologist will also ensure that the consent form remains in the patient notes.

5.4.2. Following the post-mortem, the pathologist will ensure the cause of death is reported to the requesting or responsible Consultant. The pathologist will also ensure that any microscopic findings are also reported to the requesting or responsible Consultant and added to the final report.

5.5. Diagnostic and Molecular Pathology Office

Under the direction of the pathologist the office staff will produce and release approved reports within agreed turn round times.

5.6. Diagnostic and Molecular Pathology Laboratory Staff

Upon receipt of relevant material from a post-mortem the laboratory management will ensure that all relevant requests and actions applicable to the use, retention, storage and disposal are HTA compliant and documented.

5.7. Mortuary and Bereavement Office

5.7.1. Upon request for a hospital post-mortem the mortuary team will ensure that the relatives of the deceased are given the opportunity to view the Department of Health ‘Respect for the dead, care for the living' DVD. A member of the Mortuary and Bereavement team will also chaperone the clinician who is obtaining consent, ensuring that all relevant questions have been asked and appropriate answers recorded.

5.7.2. The hospital post-mortem consent form and hospital notes will be passed to the mortuary team who will retain a scanned copy of the consent from.

5.7.3. Specific requests for the use, retention and/or disposal of relevant material will be brought to the attention of the Pathologist concerned.

5.8. Designated Individual

Ensure that all relevant staff are competent in this procedure and that it is regularly reviewed and updated to reflect the current HTA standards and guidance.

5.9. Mortuary and Bereavement Manager

The departmental competency manuals reflect the levels of competency and are reviewed regularly in line with current HTA requirements.

5.10. Role of the Managers

Line managers are responsible for:

- Ensuring that all relevant staff are aware of this policy
- Ensuring that any corrective actions arising from audits or incident investigations are implemented

5.11. Role of the End of Life Group

The end of life group is responsible for development, approval and communication of this policy and monitoring compliance with it.

5.12. Role of Individual Staff

All relevant staff members are responsible for:

- Ensuring that they are aware of this policy
- Ensure that they follow the policy

6. Standards and Practice

Hospital or consented post-mortem requests will normally be made by either the clinical team responsible for the treatment of the deceased or from the deceased family/relatives.

6.1. Requests from the Consultant/medical team.

If a hospital post-mortem request comes from a Consultant or the clinical team they should contact the Mortuary and Bereavement office who will contact the relative or other responsible person to discuss the possibility of a hospital post-mortem.

6.2. Requests from relatives or other responsible persons

6.2.1. If a hospital post-mortem request comes from a relative or other responsible person, the member of the Consultant's clinical team who has dealt with the initial request must discuss the request with their Consultant.

6.2.2. The clinician will then contact the Mortuary and Bereavement office who will contact the relative or other responsible person to discuss the possibility of a hospital post-mortem.

6.3. Obtaining Consent and Processing Forms

6.3.1. Using the approved Hospital post-mortem for adults consent form, the clinician seeking consent will need to explain:

- the benefits and limitations of a post-mortem examination

- the difference between a full, limited and minimally invasive post-mortem

- the choices and relevance regarding retention, storage, use and disposal of relevant material.

6.3.2. A signed copy of the consent form should be included in the medical record.

6.3.3. A member of the mortuary team will ensure consent is compliant and the completion of the medical certificate of death.

6.3.4. The mortuary staff will confirm compliance of the documentation, prior to scanning the consent and arrange for a pathologist to perform the post-mortem examination. The pathologist undertaking the post-mortem examination will check the consent form prior to starting. This will include the removal, use, retention and disposal.

6.3.5. In the case of consented removal of relevant material the mortuary staff will ensure that laboratory request documentation and a copy of the consent form at Appendix 3, is provided.

6.3.6. Upon receipt of relevant material from a post-mortem laboratory technical staff will ensure that any relevant requests applicable to the use, retention and disposal are documented and complied with

6.3.7. Following the post-mortem procedure, the pathologist will ensure the post-mortem findings is reported to the requesting or responsible Consultant. The pathologist will also ensure that any microscopic finding is reported to the requesting or responsible Consultant and added to the final report.

6.3.8. When a hospital post-mortem is requested by a relative or other responsible person, the consultant in charge will need to make arrangements to explain the post-mortem findings to the relative making the request.

6.3.9. When a hospital post-mortem is requested by a Consultant or a clinical team, the consultant in charge will need to make arrangements to explain the post-mortem findings to the relatives/family.

6.3.10. The disposal of relevant material, which includes requested repatriation with the body prior to release, will be conducted as per the instructions provided on the consent form and as per documented procedure. Records will be updated and retained as part of the patients' record.

7. Dissemination and Implementation

7.1. All user email. Presentation at the RCHT End of Life committee, discuss at departmental meetings (Mortuary, Bereavement Services, Diagnostic and Molecular Pathology Quality Meetings).

7.2. Training on this policy to be cascaded to all bereavement and mortuary staff by the Service Leads and evidenced in staff competency files.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Correct procedure followed for obtaining and documenting consent for hospital Post-mortems.
Lead	Mortuary and Bereavement Services Manager
Tool	Audit documentation from a random selection of consents.
Frequency	Annually
Reporting arrangements	Report it to Designated Individual. The department Quality Group and Divisional Governance Management Board.
Acting on recommendations and Lead(s)	HTA License Holder and Designated Individual
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

9. Updating and Review

Document to be reviewed every three years

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity and Human Rights Policy' or the Equality and Diversity website.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2

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Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Consent for Hospital Post-Mortem Examination on an Adult Policy V5.0
This document replaces (exact title of previous version):	Consent for Non-Coroner Post Mortem Examination on an Adult Policy V4.0
Date Issued/Approved:	November 2022
Date Valid From:	November 2022
Date Valid To:	November 2024
Directorate / Department responsible (author/owner):	Department of Diagnostic and Molecular Medicine HTA Designated Individual: Stephen Davison
Contact details:	01872 252798 Email - sdavison1@nhs.net
Brief summary of contents:	This document describes procedure and other requirements regarding consent issues for hospital Post-mortem examination for adults (over 18 years of age).
Suggested Keywords:	Hospital post-mortem request consent
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	DMP Quality Group CSCG Governance
General Manager confirming approval processes:	Richard Andrzejuk
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright
Links to key external standards:	Human Tissue Authority Standard C3

Information Category	Detailed Information
Related Documents:	Human Tissue Act (HTA) Codes of Practice, September 2009: Consent - Code 1 Post-mortem examination - Code 3 HTA Post-mortem consent form
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pathology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
	(reviewed April 2009	No changes advised from review group (email dated 30th April 2009)	
9th February 2012	2.0	Updated Consent Form. Bereavement Officer to chaperone Medical Staff during the consent process. Updates to Introduction (re Coroner arrangements), Section 5.1 (more information on who may give consent) and flowchart added (Appx 3) following discussion at DQLG meeting on 17.1.12. Further updates added following Trust Documentation Subgroup mtg on 31.1.12 i.e. Duties of Pathologist (5.4), scanning the consent form to Winpath (5.7 and 6.7) and filing the consent form in the legal section of the notes (5.7).	Robin Bradley (Designated Individual)
24thJune 2015	3.0	Updated HTA DI information and reviewed Document to ensure fit for purpose	Peter Helliwell (Designated Individual)
March	4.0	Updated document format	Sarah Pointon Pathology Quality

Date	Version Number	Summary of Changes	Changes Made by
			and Governance Manager and HandS Lead
11th November 2022	5.0	Updated HTA DI information and reviewed document to ensure fit for purpose with changes made throughout. HTA guidance references have been amended and references to the HT Act and its impact on consent included. Reference to 'non-coroner' post-mortem have been replaced with commonly accepted term of 'Hospital' post-mortem.	Stephen Davison (Designated Individual)

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Consent for Hospital Post-Mortem Examination on an Adult Policy V5.0
Directorate and service area:	Pathology, Clinical Support
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	HTA Designated Individual: Stephen Davison
Contact details:	01872 252798

Information Category	Detailed Information
Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure informed written consent is obtained in line with HTA regulations
Policy Objectives	To ensure all staff involved with non-corner's post-mortem are aware of their role and responsibilities in connection with the consenting to and conduct of such Post-mortems
Policy Intended Outcomes	Non-coroner Post-mortems are conducted with appropriate consent, due regard to the dignity of the deceased, the needs of the family, tissues and organs are managed and disposed of in accordance with HTA requirements
How will you measure each outcome?	Audit documentation from a random selection of consents.
Who is intended to benefit from the policy?	Trust staff as they have a clearer understanding of the roles and responsibilities and those approached for consent. Ensure the bereaved relatives have their needs met

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Bereavement and Mortuary Team Diagnostic and Molecular Pathology Specialty Director HTA Licence Holder HTA Designated Individual
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Sex (male or female)	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Race	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Ensures a consistent and fair approach to all deceased persons and their carers

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Marriage and civil partnership	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Pregnancy and maternity	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Ensures a consistent and fair approach to non- Coroner Post-mortem for all deceased adults

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Stephen Davison, Head BMS & HTA Designated Individual

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. RCHT Hospital Post-mortem Examination Consent

Consent for post-mortem examination of an adult

Name of deceased:

Date of birth: Date of death:

Consultant / GP in charge of the patient: Hospital

number for deceased:

This form enables you to consent to a post-mortem examination of the body of the person named above. Please read it carefully with the person obtaining consent from you. For each section tick the relevant box to indicate your decisions and sign beneath each section.

- □ I confirm that I have had the opportunity to view and understand the Department of Health respect for the dead, care for the living video.
- □ I confirm that my questions about the post-mortem examination have been answered to my satisfaction and understanding.

Signed by Name .....

Part 1: Post-mortem examination

A post-mortem examination may be full or limited. The benefits and disadvantages of each will be explained to you. Please choose **one** of the following options.

Option 1: Consent to a full post-mortem examination

□ I consent to a **full** post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that the reason for the examination is to further explain the cause of death and study the effects of disease and treatment.

Option 2: Consent to a limited post-mortem examination

□ I consent to a limited post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that this may limit the information about the cause of death and effects of treatment.

I wish to limit the examination to:

- □ The head and mouth cavity, including the brain
- □ The chest and neck
- □ The abdomen and pelvis

□ Other (please specify).....

Signed by Name .....

Part 2: Retention and future use of tissue samples

As part of a full or limited post-mortem examination tissue samples and small amounts of

bodily fluids may be taken and used to determine the diagnosis and extent of the disease. Bodily fluids will usually be disposed of following a diagnosis. However, the tissue samples removed during a post-mortem examination can be stored for use in the future. The

storage of the tissue samples and their later use require your consent. These samples can be valuable for the education and training of healthcare professionals, research and other purposes. Please indicate whether you consent to this:

- □ I consent to the tissue samples being stored for future use, and
- □ I consent to the tissue samples being used for the purpose of evaluating the efficacy of any drug or treatment administered to the deceased, or for review on behalf of the family if a need arises
- □ I consent to tissue samples being used for education and training relating to human health, quality assurance, public health monitoring or clinical audit
- □ I consent to the tissue samples being used for research that has been approved by an appropriate ethics committee

In the event of consent for tissue retention for a scheduled purpose, the trust will usually dispose of the majority of tissue after 12 months of the final Post-mortem report being issued.

If you decide tissue samples should not be kept after the post-mortem examination, further diagnosis will not be possible. Please indicate one of the options below for the disposal of tissue samples:

- □ I wish the hospital to dispose of any retained tissue samples
- □ I will make my own arrangements for lawful disposal of any retained tissue samples

Signed by Name.....

Part 3: Retention of organs for more detailed examination

As part of a full or limited post-mortem examination, it may be necessary to retain some organs for more detailed examination. The person explaining about the post-mortem examination will tell you what may be required. The retention of organs for more detailed examination requires your consent. Please indicate whether you consent to this:

□ I consent to the retention, for more detailed examination, of the following organ(s):

Disposal of retained organs

After more detailed examination of organs removed during a post-mortem examination, they must be either stored for specified uses or disposed of in a lawful manner. You have the option of donating retained organs for research or medical education. Please indicate your wishes by choosing **one** of the following options:

□ I wish to donate retained organ(s) for research into related diseases, after which they will be disposed of lawfully, in the majority of these cases theses organs will be disposed of after 12 months of the final Post-mortem report being issued

□ I wish to donate retained organ(s) for education, after which they will be disposed of lawfully, in the majority of these cases theses organs will be disposed of after 12 months of the final Post-mortem report being issued

□ I wish the hospital to lawfully dispose of any retained organ(s) following detailed examination, without them being used for research and/or education

□ I will make my own arrangements for lawful disposal of any retained organ(s)

Signed by..... Name .....

Other requirements of the post-mortem examination

Often the pathologist will take x-rays or other images (including photographs and videos) during the examination to be studied later. They may also be used for medical education, audit or research in which case any information which would allow your partner or relative to be identified would be removed. If you object to images being used in this way you must inform us at the time of consent and record your objection

Thank you for consenting to a post-mortem examination. You can change your mind about any of the decisions you have made, although there is short window of opportunity to do so, If you wish to make changes to anything you have consented to, or wish to withdraw your consent, please telephone the bereavement team on 01872 252713 within one working day from the date of your signature below

Please do not hesitate to contact the bereavement team on the above number, if you have any questions

Signed..... Name .....

Address.....

..... Tel no .....

Relationship to the deceased.....Date.....

Time.....

Details of person obtaining consent

Name ..... Job title

Contact details .....

Date .....Time.....

Details of person witnessing consent

Name ..... Job title

Contact details .....

Date ..... Time .....

Notes for person(s) obtaining consent

- I confirm that the person consenting has a full understanding of the Post-mortem examination procedure
- I confirm that I have checked that the person consenting is the appropriate person for the purposes of the Human Tissue Act 2004
- I have discussed tissue samples being retained for future use and the potential uses for the tissue that is retained
- Consent is indicated by boxes which are ticked and signature of the person giving consent
- I have discussed any special requests or conditions concerning the Post-mortem examination procedure
- I have offered a photocopy of this form to the person giving consent
- If **consent is subsequently withdrawn,** either for the entire Post-mortem examination, or for specific sections of it, each page of each copy of the form (or the relevant section(s)) should be clearly struck through. The person taking the withdrawal should also sign and date the form clearly, and note action taken to inform the mortuary (the date and time and member of mortuary staff informed).