



 **Queensland Government**

Hospital Autopsy Consent Form

Facility:

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Attachments

- The following *must be* attached to the consent form:
- any written consent to autopsy signed by the patient during life
 - the Cause of Death Certificate (Form 9)
 - a request for autopsy written by a senior treating medical practitioner explaining the issues which he/she wishes the pathologist to address at autopsy
 - the patient's medical record
- Failure to provide above documents will delay, or may even prevent, the autopsy being conducted.*

C. To be completed by the person interviewing the family and seeking consent for autopsy

NB: A senior treating medical practitioner is generally the most suitable person, but others may be trained for the role (e.g. social worker or interviewing officer).

- I am familiar with and understand:
- the Consent to Hospital Autopsy Procedure.
 - relevant sections of the *Transplantation and Anatomy Act 1979* and *Coroners Act 2003*, as well as the National Code of Ethical Autopsy Practice (2002).
 - the family member being interviewed is the senior available next of kin as defined in section 4 of the *Transplantation & Anatomy Act 1979*.
 - the requirement if necessary, for an interpreter or cultural support person to be present and have completed Section A above accordingly.
 - the requirement of showing the senior available next of kin the completed Cause of Death Certificate (Form 9) and explained the cause of death.
 - the completed consent form must be filed in the deceased's medical record with copies provided to the senior available next of kin and pathologist.
- I have discussed:
- the proposed autopsy with the pathologist and understand what it would involve, including the samples to be taken and for what purposes.

- with the senior available next of kin the nature of the autopsy and its benefits; the samples to be taken and how they will be used; have answered his/her questions; and am of the opinion that he/she has understood. I have documented these steps in the medical record.

Name of Senior Treating Medical Practitioner/ Social Worker/Other:

Designation:

Signature:

Date:

Tel No:

D. Consent by senior available next of kin

NB: if the body of deceased is not in a place that is a hospital (eg nursing home), this consent authorises the autopsy.

- I am the [enter relationship] of the deceased and am his/her senior available next of kin.
 - To my knowledge:
 - no other senior available next of kin objects to an autopsy being performed
 - if the deceased gave written consent to a autopsy, he/she did not change his/her mind
 - the deceased did not express any objection during life to an autopsy
 - To help health practitioners better understand the diseases present, I consent to a pathologist performing:
 - a **full internal autopsy** or
 - a **limited internal autopsy**, involving only the following organs or regions of the body:
.....
- [Interviewing person to enter details of the limited autopsy proposed, or limits imposed by senior next of kin]*
- I understand that:
 - small samples of tissue are usually prepared for examination under a microscope. This 'specimen tissue', including the microscope slides, may be kept for many years.
 - small samples of blood or tissue may be tested in a pathology laboratory.



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other organs and tissues will be returned to the body at the time of the autopsy, EXCEPT [Interviewing person to list any specimens, eg whole organs, proposed to be kept for further examination and any special requirements]:

.....
.....

which I authorise can be kept for further examination and disposed of as shown below.

- I authorise the pathologist to arrange respectful disposal of any organs or other tissue that were kept for further examination and remain after testing as mentioned in section 4 above (excluding 'specimen tissue') by:

- release to a crematorium for respectful cremation at the laboratory's expense, or
- release at a later date to a funeral director named by me for cremation or burial, or
- return of the tissue to the body of my relative before the funeral, which may be delayed as a result.

- I consent to the pathologist keeping and using tissue samples that have been removed as part of the autopsy, for:

- Medical teaching
- Research – review of microscope slides to aid future research
- Quality control (eg. small tissue samples are useful to show that routine laboratory tests have worked successfully)

- I would like the following additional limits put on the autopsy (eg. "do not examine the head", "no organs to be kept", or "no research"):

.....
.....
.....

- I consent to the deceased's medical record:

- being provided to the pathologist to enable him/her to do the autopsy
- being used to review the treatment which he/she received during life
- being used for medical education providing the deceased's identity is not revealed

- Unless I have agreed otherwise, I understand that this autopsy will not delay the funeral which has been arranged for (enter all details known):

Time and date:

.....

Name of funeral firm:

.....

- I consent to further copies of the completed autopsy report to be sent to the following medical practitioner/s:

Name & address of medical practitioner (eg. GP):

.....
.....
.....

(NB the medical practitioner who asks for the autopsy normally receives a copy of the report)

- I have been given and have read and understand the **Consent to Hospital Autopsy information for families about hospital autopsies sheet**.
- I have been able to ask questions and raise concerns about the autopsy. My questions and concerns have been discussed and answered to my satisfaction.
- I am aware that the autopsy may commence immediately after I give my consent and so it may not be possible to withdraw my consent should I change my mind.

On the basis of the above statements, I give consent to the autopsy.

Name of next of Kin:

Signature:

Date:

E. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN



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I

F. Consent for autopsy obtained by telephone

NB: the Transplantation and Anatomy Act 1979 does not allow consent obtained by telephone if the body is not in hospital.

I am familiar with and understand:

- the Consent to Hospital Autopsy Procedure.
- relevant sections of the *Transplantation and Anatomy Act 1979* and *Coroners Act 2003*, as well as the National Code of Ethical Autopsy Practice (2002).
- the family member being interviewed is the senior available next of kin as defined in section 4 of the *Transplantation & Anatomy Act 1979*.
- the requirement if necessary, for an interpreter or cultural support person to be present and have completed Section A above accordingly.
- the requirement of showing the senior available next of kin the completed Cause of Death Certificate (Form 9) and explained the cause of death.
- the requirement that the completed consent form must be filed in the deceased's medical record with copies provided to the senior available next of kin and pathologist

I have discussed:

- the proposed autopsy with the pathologist and understand what it would involve, including the samples to be taken and for what purposes.
- with the senior available next of kin the nature of the autopsy and its benefits; the samples to be taken and how they will be used; have answered his/her questions; and am of the opinion that he/she has understood. I have documented these steps in the medical record.
- I have posted a copy of this completed form, the information sheet, and a prepaid envelope (addressed to the Medical Superintendent), to the senior available next of kin who has given the consent, asking him/her to sign and return the form.

Name of Senior Medical Practitioner/Social Worker/Other:.....

Designation:.....

Signature:.....

Date:.....

Tel No:

G. Authorisation by Designated Officer

NB: This is not required if body is not in hospital or if the deceased gave written consent to autopsy during life.

- I am a Designated Officer as defined in section 6 of the Act.
- I am familiar with the *Transplantation and Anatomy Act 1979* and am satisfied that all requirements have been met, and will ensure that the completed consent form is filed in the medical record.
- I am familiar with the *Coroners Act 2003* and am satisfied that this death is *not* reportable.
- I am not the medical practitioner who is to conduct the autopsy.
- I authorise the hospital autopsy, as detailed in the completed consent form.

Name of Designated Officer:.....

Signature:.....

Designation: Med Super/EDMS/Other (specify)

Date:

Thank you for considering the request to perform a hospital autopsy on your loved one, especially at such a difficult time. Below is some information to help you with your decision.

1. What is an autopsy?

An autopsy (post mortem) is an examination of a person's body after death. Autopsies are done by pathologists who are medical practitioners specialising in the study of disease.

2. What are the types of autopsy?

- I. A *hospital autopsy* may only be done with the consent of the senior available next of kin, or of the deceased person during life. It is vital that family members know what an autopsy involves before giving consent. Please ask for an interpreter if you need one.
- II. A *coronial autopsy* is ordered by a Coroner in certain types of death, for example accidents and sudden unexplained deaths. Family consent to autopsy is not needed. This information sheet does not cover coronial autopsies.

Most autopsies check both the body surface and the internal organs. A *full autopsy* checks *all* the internal organs. A *limited autopsy* checks only the organs or body parts named on the consent form. A full autopsy gives more information than a limited autopsy.

Autopsies involve taking samples for testing, and in some cases whole organs – please see “What samples are taken at autopsy?” for details.

3. Why are hospital autopsies done?

Hospital autopsies help doctors to understand diseases better. They are vital to training doctors and improving treatment for future patients.

Also, after the initial shock has passed, many families want answers to questions about the death that only an autopsy can give.

Hospital autopsies do *not* aim to find out the cause of death. A medical practitioner *must* issue a Cause of Death Certificate *before* a hospital autopsy is done. If the cause of death is unknown and a Certificate cannot be issued, the death *must* be reported to the Coroner. Please see “What about the Death Certificate?” for details about the Death Certificate.

4. What samples are taken at autopsy?

Keeping small tissue samples for testing is usual autopsy practice. The pathologist decides the samples and tests needed. Except for these small samples, all the organs and other tissues go back in the body at the end of the autopsy.

In some cases, the pathologist may advise that an entire organ (such as the brain or heart) be kept for further testing. This can only be done with your consent. You can state what can and cannot be kept on the consent form. This will be discussed with you.

If you agree to an organ being kept, you will be asked how it should be disposed of after testing is complete. An organ kept for testing can be:

- a. Cremated at a crematorium, which would be arranged by the laboratory at no cost to you, *or*
- b. Released, at your request, for burial or cremation at a later date to your chosen funeral director – please discuss with your funeral director whether this will add to the funeral costs, *or*
- c. Put back into the body, at your request, before the funeral. This may delay the funeral but should not add to the costs.

Note: if you want the organ buried or cremated with the body, you should choose “c” above.

Research and Teaching: you may be asked to consider extra tissues or organs being kept for these purposes. This would involve giving consent on a separate form.

The research will have been approved by an ethics committee. You will be given the details of the research in an information sheet.

5. Does the autopsy affect the appearance?

Pathologists and technicians take great care to preserve the look of the deceased person. You can generally view the body after the autopsy if you wish to do so.

6. Will an autopsy delay the funeral?

The pathologist and technician will ensure that the body of the deceased is available in time for the funeral. To enable them to do this, please provide the date and time of the funeral, or the details of your funeral director.

In a few cases the funeral may need to be delayed if you consent to an organ being kept for testing and if you want it put back into the body before the funeral.

Please tell the person interviewing you about your family's requirements.

7. How will the family know what the pathologist has found at autopsy?

The pathologist writes an autopsy report and sends it to the medical practitioner who asked for the autopsy.

If you want any other medical practitioner/s (e.g. your GP) to get a copy of the autopsy report, please put their details on the consent form.

You can ask any of these medical practitioners to explain the autopsy report if you wish.

If you want to find out whether the autopsy report is done, please call the person who interviewed you.

