

SA Health
AUTHORITY FOR
HOSPITAL
POST-MORTEM EXAMINATION
PART C – AUTHORISATION BY
DESIGNATED OFFICER

Enter information or affix patient identification label in this box

UR No: _____

Surname: _____

Given Names: _____

D.O.B: / / Sex: _____

Hospital: _____ Ward: _____

I, _____ (print name) duly appointed by the Minister [for Health] as a designated officer for the _____ (Hospital), for the purposes of the Transplantation and Anatomy Act 1983 ("the Act"), having made such inquiries as are reasonable in the circumstances and being:

- (a) satisfied that the deceased person had, during his/her lifetime, given his/her consent to a post-mortem examination of his/her body and had not revoked the consent **OR**
- (b) satisfied that the senior available next of kin of the deceased has given his/her consent to a post-mortem examination of the body of the deceased and the deceased person had not, during his/her lifetime, expressed an objection to a post-mortem examination of his/her body **OR**
- (c) not satisfied as to (a) or (b) above but satisfied that the deceased person had not, during his/her lifetime, expressed an objection to a post-mortem examination of his/her body and I am unable to ascertain the existence or whereabouts of the next of kin of the deceased person or whether any of the next of kin has an objection to a post-mortem examination of the body of the deceased person.

in accordance with section 25 of the Act hereby authorise a post-mortem examination of the body of :

_____ (insert name of deceased).

In relation to the use of tissue for therapeutic, medical or scientific purposes I am:

- (a) satisfied that the deceased person had, during his/her lifetime, given his/her consent to the use after his/her death, of tissue from his or her body for therapeutic, medical or scientific purposes and had not revoked the consent **OR**
- (b) satisfied that the senior available next of kin of the deceased has given his/her consent to the use of tissue from the body of the deceased for therapeutic, medical or scientific purposes and the deceased person had not during his/her lifetime, expressed an objection to the use of tissue removed from his/her body after death for therapeutic, medical or scientific purposes.

in accordance with section 27 of the Act hereby authorise the use for therapeutic, medical or scientific purposes, of tissue removed from the body of the deceased named above. **OR**

- (c) satisfied that consent has **NOT** been given for the use of tissue from the body of the deceased for therapeutic, medical or scientific purposes.

Signature of designated officer _____ **Date** / /

SA Health AUTHORITY FOR HOSPITAL POST-MORTEM EXAMINATION PART B – CONSENT BY SENIOR AVAILABLE NEXT OF KIN	Enter information or affix patient identification label in this box UR No: _____ Surname: _____ Given Names: _____ D.O.B: / / Sex: _____ Hospital: _____ Ward: _____
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If phone consent is obtained– an independent witnessing doctor must be present while this section is completed.

Full Name of Senior Available Next of Kin: _____

Address: _____

Phone: _____ **Relationship to Deceased:** _____

Nominated Funeral Director: _____

Post-Mortem examination is performed and directed by a Pathologist to determine cause of death and identify abnormalities. It is a detailed external and internal examination of the body that may involve digital photographs, radiology (X-ray, CT, MRI), small tissue samples for microscopic examination, genetic, infectious and metabolic diseases testing. Organs are returned to the body unless required for more detailed examination.

1. Have you been provided with the Booklet: “When a person dies – the hospital Post-Mortem process? Yes No
2. Has the Doctor explained the Post-Mortem process and answered questions? Yes No

3. I Consent to a Post-Mortem Examination on _____ and I am not aware that they or anyone in the family has objected to this being performed.

OR: I Object to a Post Mortem Examination on _____. (Sign 6. and 10.)

4. Do you wish to LIMIT this examination? No Yes If **Yes** please provide instructions - (be aware that limitations may affect the value of the post-mortem examination)

5. Retention of Whole Organs: *Normally organs are returned to the body at completion of the examination. On some occasions further medical testing requires an organ to be kept longer eg if they require fixation before examination, or detailed dissection. (Specific instructions can be inserted at 4. above).*

I consent for whole organs to be retained for further medical testing if required. No Yes

If whole organs are retained – I request that they are:

- Respectfully disposed of by the hospital when no longer needed.
- Returned to the body before release to the funeral home. OR
- Returned to the funeral home a) before OR b) after cremation/burial (this may impact on timing and/or costs of funeral).

I consent for whole organs to be retained for research approved by an appropriate Human Research Ethics Committee, and/or for teaching and quality assurance. I understand that they will be respectfully disposed of by the hospital when no longer needed. No Yes

6. Signature Senior Available Next of Kin _____

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7. **Consent for Use in Research, Teaching and/or Quality Assurance:** *Post Mortem examinations provide the opportunity for the family and doctors involved in the care of your relative to understand more about the diseases present. They can also provide information that is valuable to the broader medical community, aiding the understanding of diseases and treatments and improving health outcomes. They also provide the opportunity to improve quality and reliability of tests within the hospital and laboratories.*

I consent for the use of information and small test samples relating to this post mortem examination for research (approved by an appropriate Human Research Ethics Committee), and/or for teaching and quality assurance. I understand that no identifying information will be published. No Yes

8. **Genetic Testing:**
While current genetic testing does not identify all genetic conditions it may be relevant in any post-mortem, and is performed routinely in Perinatal/Paediatric post-mortems to identify genetic causes of abnormalities or death. Tests can show that parents are related to each other. It is not uncommon for tests to identify genetic changes of unknown significance, that may or may not be important. These may require blood samples from the parents to help understand these results. Sometimes tests identify incidental genetic results that have not caused any problems in the deceased, but indicate an increased risk of an adult onset disease (e.g. cancer or dementia) which can be present in other family members. (See also the Autopsy Booklet and ask to discuss with a geneticist if required).

I consent to genetic testing as part of the Post-Mortem examination. No Yes

I want to know about changes of unknown significance. No Yes

I want to know about incidental findings. No Yes

9. **Do you want a copy of the Post-Mortem report sent to a doctor of your choice?** Yes No

Doctor's Name/Address: _____

10. **SENIOR AVAILABLE NEXT OF KIN DECLARATION**

THE ABOVE REPRESENTS A TRUE AND CORRECT STATEMENT OF MY WISHES.

Signature: _____ **Name:** _____ **Date** / /

Witness Signature*: _____ **Name:** _____ **Date** / /

Witness signature (telephone consent)*: _____ **Name:** _____ **Date** / /

Interpreter signature (if appropriate): _____ **Name:** _____ **Date** / /

The witness(es) must be independent (ie **not the requesting doctor **nor** related to the deceased). In the case of telephone consent, **two** witnesses **must** be present for the entire conversation while Part B is being completed and for the actual giving of consent. Telephone consents require at least one of these witnesses to be an independent medical practitioner.*