GOVERNMENT OF WESTERN AUSTRALIA

PathWest LABORATORY MEDICINE WA

Laboratory ID: _____ **NCC FORM 1**

CONSENT FOR POST-MORTEM EXAMINATION (NON-CORONIAL)

PERINATAL AND PAEDIATRIC

Hospital of Origin: _____

UMRN: _____

Surname: _____

Given Name: _____

DOB: _____

AFFIX HOSPITAL LABEL

Name of baby/child: _____ (if name available)

Baby of (insert mother's name): _____

Baby/child's date of birth: _____ Baby/child's date of death: _____(if known or best estimate)

PART 1: Statement by Parents / Senior Available Next of Kin:

Parent 1 name: _____ Parent 2 name (optional): _____

or; other Senior Available Next of Kin: _____

(as defined by the Human Tissue and Transplant Act 1982 Part 1 Definition: Senior Available Next of Kin)

- I / we have read / had explained and understood the post-mortem examination information
- I / we have had the opportunity to ask questions about the post-mortem examination process, this Consent Form and any other aspects of the post-mortem examination.
- I / we have received enough information to enable me to reach an informed decision and have been given adequate time to make my decision.
- I / we confirm that my consent is free from coercion and freely given.
- I / we am/are not aware of any objection to the post-mortem being performed.
- I / we understand that I / we can limit the extent of the examination and that the more complete the examination, the more information the final report will contain.
- I / we understand PathWest will share the report and photographs with my treating doctor/s if requested or if a second opinion is required.
- I / we understand that my / our baby/child will be received at an accredited PathWest facility (Perth Children's Hospital, King Edward Memorial Hospital or Fiona Stanley Hospital) for preparation and examination. I / we understand that, given the technical components of a post-mortem, my / our baby / child may need to be moved between accredited facilities as determined by the conducting pathologist.
- I / we understand that I / we will be provided with an opportunity to receive appropriate feedback on the findings of any post-mortem examination.
- I / we understand that there is the possibility that a cause of death may not be found.
- I / we understand that, as part of the examination, genetic testing may be carried out.
- I / we understand that while genetic testing can provide important medical information, a normal test result does not rule out a genetic abnormality. Additional genetic testing of parents, and possibly other family members, may also be recommended; this will require a separate consent process.

PART 2: Type of examination. Please complete one (2a or 2b or 2c)

PART 2a: External examination. Examination of the placenta will be performed routinely, if submitted

After reading the information in Part 1, I / we consent to

☐ An external examination only;

➢ I / we understand that:

- a small piece of fresh tissue (placenta or umbilical cord) is routinely taken and stored for future investigation, and that that tissue blocks and slides (prepared for microscopy) are retained indefinitely
- the use of the placenta or umbilical cord may include for non-diagnostic purposes including ethics-approved research, education, or quality assurance (*please strike out any points you do not agree to*)

➢ I / we consent to the removal or use of tissue for genetic testing or metabolic studies (placenta or umbilical cord) as determined by the referring clinician or pathologist.

☐ Yes ☐ No (*please go to Part 4*).

PART 2b: Full examination. Examination of the placenta will be performed routinely, if submitted. If you wish to specify conditions for retaining, disposing or use of organs, please complete Part 3.

After reading the information in Part 1, I / we consent to:

☐ A full post-mortem examination

➢ I / we understand that:

- all organs removed for examination will be returned to the body at completion of the post-mortem. If there is a requirement for more detailed examination, this will be discussed with me and Part 3 completed
- a small piece of fresh tissue (usually muscle and/or placenta) is routinely taken and stored for future investigation, and that that tissue blocks and slides (prepared for microscopy) are retained indefinitely
- the use of removed tissue may include for non-diagnostic purposes including ethics-approved research, education or quality assurance (*please strike out any points you do not agree to*)
- all tissues not used as above are returned to the body at completion of the post-mortem

➢ I / we consent to the removal or use of tissue for genetic testing or metabolic studies (e.g. skin, muscle, tendon, a specific organ, placenta) as determined by the referring clinician or pathologist.

☐ Yes ☐ No (*please go to Part 3*).

PART 2c: Limited examination (including sampling for genetic studies). Includes external examination and examination of the placenta, if submitted. If you wish to specify conditions for retaining, disposing or use of organs, please complete Part 3.

2c1: After reading the information in Part 1, I / we provide my / our consent for a post-mortem limited to the examination of (*please check box as appropriate)*

☐ Abdomen and pelvis (includes, kidneys, liver, spleen, pancreas)
☐ Head (includes brain)
☐ Chest (includes heart and lungs)

➢ I / we understand that:

- all organs removed for examination will be returned to the body at completion of the post-mortem. If there is requirement for more detailed examination, this will be discussed with me and Part 3 completed
- a small piece of fresh tissue (usually muscle and/or placenta) is routinely taken and stored for future investigation, and that that tissue blocks and slides (prepared for microscopy) are retained indefinitely
- the use of removed tissue may include for non-diagnostic purposes including ethics-approved research, education or quality assurance (*please strike out any points you do not agree to*)
- all tissues not used as above are returned to the body at completion of the post-mortem.

➢ I / we consent to the removal or use of tissue for genetic testing or metabolic studies (e.g. skin, muscle, tendon, a specific organ, placenta) as determined by the referring clinician.

☐ Yes ☐ No (*please go to Part 3*).

Or

2c2: After reading the information in Part 1, I / we provide my / our consent for a post-mortem limited to:

☐ Sampling of tissue for genetic studies only (as determined by the referring clinician or Pathologist) (*please go to Part 4*).

PART 3: Conditions for retaining, disposing or use of organs removed during post-mortem process

I / we wish to specify the conditions for retaining, disposing or use of organs removed during the post-mortem process.

I / we give permission for _____ (state the organ/s) to be retained for _____(days) for diagnostic purposes following internal examination.

Following the above period, I / we would like the organs to be (tick one):

- ☐ reunited with the body prior to burial / cremation; I/we understand this may delay burial / cremation
- ☐ disposed of in a lawful manner by a funeral home; to be arranged by myself / ourselves
- ☐ disposed of by PathWest in a lawful and respectful manner by cremation.

(*please go to Part 4)*.

PART 4: Signature of Parent(s) / Senior Available Next of Kin

I / we hereby make the statements set out above and give consent for a post-mortem examination to be performed, subject to the conditions set out above.

Parent 1 signature: _____ Parent 2 signature (optional): _____

or; other Senior Available Next of Kin: _____ Date: __/__/____

PART 5: Funeral arrangements

The date and time of the funeral arrangements (if known) are: _____

PART 6: Person witnessing consent (includes verbal). This must be a senior clinician.

I hereby declare that (print name/s): _____

Relationship to deceased: _____

has been provided with all the relevant information. I have indicated, where required, the conditions of consent. I have discussed all points raised on this form and have received informed consent for a post-mortem examination, subject to the conditions of page 1 and 2 or 3, to be performed on:

(Print name): _____or baby of (insert name of parent) _____

Senior clinician name and title: _____

Senior clinician signature: _____

Date: __/__/____

☐ **Verbal consent obtained**

PART 7: Named consultant to whom the final report will be sent

Name: _____ Provider No.:_____

For the purposes of this form, a consultant is defined as follows: *consultant obstetrician, a district medical officer, a senior medical officer or GP obstetrician.* **The post-mortem cannot proceed without a named consultant.**

PART 8: Post-Mortem Results

The results of the post-mortem are automatically sent to the consultant listed at Part 7. Further copies can be provided to medical staff only. Please provide details for additional copies:

Doctor and address: _____

A plain language report may be provided to the health care professional for the benefit of the Senior Available Next of Kin.

Doctor and address: _____

PART 9: CLINICAL INFORMATION. Please complete separate Practitioner Request form as follows

- Miscarriages, fetal deaths or stillbirths, complete Form NCC 2A
- Neonates (up to 28 days of life) or infants (28 days to one year of life), complete Form NCC 2B
- Children (1 year to 18 years of life), complete Form NCC 2C.

PART 10: To be completed by the POST-MORTEM COORDINATOR

I certify that Part 2 of this Consent Form has been completed, and that all relevant information has been provided to the senior available next of kin so that informed decisions could be made as per the *Non-Coronial Post-Mortem Examinations Code of Practice 2022*

☐ I am not aware of any objection to the post-mortem being performed.

Name: _____

Signature: _____ Date: ____/____/____

PART 11: To be completed by the DESIGNATED OFFICER OF THE HOSPITAL for the purposes of the *Human Tissue and Transplant Act 1982* giving authority to perform a post-mortem examination (not to be signed by requesting doctor)

I (print name) _____ being a designated officer, or delegate of a designated officer, under the *Human Tissue and Transplant Act 1982*, authorise a post-mortem examination to be performed on the above name deceased.

☐ I declare that I do not have a personal interest in the deceased and have not had clinical involvement with the deceased.

Signature: _____ Date: ____/____/____

PART 12: PATHOLOGIST performing the post-mortem

Name: _____