University Hospitals of Leicester NHS
NHS Trust

Consent to Hospital Post Mortem Examination UHL Policy

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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

September 2020, Version 3 - content of policy re-formatted into current UHL Policy Trust template. Update and expansion of information to reflect current practise in relation to both adult and perinatal/paediatric post mortem consent process and in particular -

- Inclusion of Medical Director Executive Lead and Bereavement Support Services for Adult Death in Roles and Responsibilities – section 4.1, page 5
- Introduction of Adult Hospital Post Mortem Record (mortuary document, reference TF4291) – appendix 6
- Additional HELM training module for paediatric/perinatal post mortem consent - section 6.1, page 6
- Appropriate information relating to uploading of patient information leaflet (number 209) to the UHL Leaflet Library – removal of leaflet text appendix
- Expansion of information regards retention and repatriation of histology block and slide tissue samples – appendix 2, sections 6.1 and 6.3
- Updated HTA Codes of Practise and UHL mortuary procedure references, section 9

KEY WORDS

Post mortem examination, Human Tissue Act, Human Tissue Authority (HTA) Adult, Perinatal, Paediatric, bereavement, autopsy, post mortem

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for obtaining consent to perform a hospital post mortem examination.

1.2 The purpose of this post mortem consent policy is to ensure that all activities associated with a post mortem examination comply with the Human Tissue Act (HT Act). These issues are dealt with by the Human Tissue Act (2004) which repeals and replaces previous legislation (Human Tissue Act 1961, Anatomy Act 1984, Human Organ Transplants Act 1989).

1.2 Post Mortem Examination

1.2.1 A post mortem examination may be carried out for one of two reasons:

1. by law at the requirement of the coroner
2. by agreement of the deceased person or their relatives - “hospital” post mortem.

1.2.2 Post mortem examination is important in informing relatives, clinicians and legal authorities about the cause of death. In addition post mortems can inform bereaved families about the possibility of acquired and genetic diseases which might need care and treatment; improve clinical care and maintain clinical standards; increase understanding of disease; prevent the spread of infectious diseases; and support clinical research and training of medical and non-medical staff. Post mortems are carried out to a high standard in accordance with guidance issued by the Royal College of Pathologists https://www.rcpath.org/profession/clinical-effectiveness/clinical-guidelines/autopsy-guidelines.html

1.2.3 A post mortem would normally involve dissection of all of the main organs (including the brain). After examination the body is reconstructed and obvious external marks would usually be covered by clothes or a shroud.

1.2.4 It is possible to limit a hospital post mortem examination. This can be done by either restricting the organs / systems to be examined or by restricting what samples can be retained. Limiting a hospital post mortem examination may limit its clinical value.

1.3 The Human Tissue Act

1.3.1 The Human Tissue Act (HT Act) deals with issues relating to post mortem examination including all activities for which consent is required including the post mortem examination itself, the storage and use of human bodies and the removal, storage and use of relevant material from a human body. Relevant material includes organs (or part of organs), body parts and cells.

1.3.2 The Human Tissue Authority (HTA) is the regulatory body overseeing the HT Act. The HTA has produced detailed codes of practice to guide clinical practice (http://www.hta.gov.uk/guidance/codes_of_practice.cfm).

1.3.3 Post mortems can only be carried out in establishments which have a licence granted by the Human Tissue Authority: the UHL HTA Pathology Licence (no. 12337) permits post mortem activity on the Royal Infirmary and Glenfield sites only.

1.3.4 Each licensed establishment has a Designated Individual (DI) who is legally responsible for ensuring compliance with the HT Act. The DI for UHL is Dr Rebecca Harrison, Consultant Histopathologist.

1.3.5 Individuals who carry out any activity under the HTA Act must ensure that they comply with UHL post mortem procedures and have been trained to carry them out. For most clinical staff this would be limited to seeking consent for post mortem – see section 1.4.2

1.4 Consent

1.4.1 All activities associated with post mortems require appropriate consent. Specifically consent is required to carry out a post mortem examination and to remove, store and use any tissue samples from a deceased person. The Human Tissue Act (HT Act) defines tissue sample as any sample that may contain human cells. That means that a sample of urine has the same legal status as a retained brain or heart. The procedures involved are detailed in appendix 2.

1.4.2 Consent for post mortem examination can be taken by any member of hospital staff who has received training approved by the Designated Individual. This could include the most senior doctor involved in the care of the patient, dedicated Bereavement Midwifes/Nurses/Staff or someone from the mortuary service. This is not an exhaustive list. Section 6 has information about post mortem consent training suitable and available at UHL.

2 POLICY SCOPE

2.1 This policy deals only with hospital post mortems. Separate guidance regarding Coroner's post mortems is available from the Bereavement Services Office and the Coroner's Office (Information leaflet - Post mortem examinations legally required by law / coroners).

2.2 This policy deals with hospital post mortems for adults and post mortems on neonates, babies and children from the second trimester. Different consent forms are used for these 2 groups – see Section 5, Associated Documents The adult form may also be used for older paediatric cases (over the age of15) if the circumstances of the patient or death would make this more appropriate. Advice should be sought from a histopathologist if necessary before the consent process is started.

3 DEFINITIONS AND ABBREVIATIONS

Appropriate consent is defined by the Human Tissue Act as consent given by someone concerned with or nominated to act as a representative for a deceased person or (in the absence of either of these) the consent of someone in a 'qualifying relationship' with deceased person immediately before they died.

Qualifying relationships for the purpose of obtaining post mortem consent are defined and ranked by the Human Tissue Act in the following order –

1. spouse, civil partner or partner
2. parent or child
3. brother or sister
4. grandparent or grandchild
5. niece or nephew
6. stepfather or step mother
7. half-brother or half-sister
8. friend of longstanding

4 ROLES

4.1 Responsibilities within UHL

4.1.1 **The Director of Quality Governance** holds the HTA Licence for the Trust.

4.1.2 **The Medical Director** is the Trust Board Executive Lead for this Policy and shall bring to the attention of the Trust Board any relevant matters relating to this Policy.

4.1.3 **Consultant medical staff** are responsible for ensuring the consent to perform a post mortem examination is taken by someone who has received appropriate training to do so. Doctors may take consent themselves. The post mortem consent form contains a declaration that the consent taker has received training. They must comply with the guidance set out in the policy and associated documents. Medical staff are also responsible for providing a brief summary of the deceased's past medical history and final illness including questions they wish to be addressed by the post mortem.

4.1.4 **Bereavement Services Staff, including nurses and midwifes** are responsible for supporting medical staff in gaining post mortem consent and passing information on hospital post mortems to the mortuary. If consent for a post mortem is subsequently withdrawn the Bereavement Services Staff will notify the mortuary as soon as possible.

4.1.5 **Bereavement Support Service (UHL adult deaths)** are responsible for providing a point of contact for the bereaved and supporting them in gaining access to information, arranging meetings with the clinical teams as required and raising questions or concerns (part of the 'Learning from Deaths' Process).

4.1.6 **Histopathologists** are responsible for -

- checking that consent form has been properly completed
- confirming with mortuary staff that consent has not be withdrawn before proceeding with the post mortem examination
- carrying out the post mortem in accordance with the wishes of the person giving consent
- producing a post mortem report that answers relevant clinical questions
- providing a post mortem report in non-medical language for the family if required.

4.1.7 **Mortuary staff/Anatomical Pathology Technologists (APT's)** are responsible for ensuring that UHL policies and procedures are carried out in the course of a post mortem examination including tissue retention and disposal. They are responsible for ensuring that consent has not been withdrawn by checking the mortuary answer phone before allowing a post mortem to proceed.

4.1.8 **The Designated Individual (DI)** is responsible for ensuring that UHL procedures comply with the Human Tissue Act. The DI for UHL is Dr Rebecca Harrison, Consultant Histopathologist.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 A Hospital Post Mortem is requested because the clinical team and / or family have questions relating to the deceased's illness or death that they would like to be answered.

5.2 The clinical team **must** complete a Medical Certificate of Cause of Death before a hospital post mortem can take place and if they cannot do so the case must be referred to the coroner.

5.3 The Hospital Post Mortem will therefore deal with detail of a terminal illness (perhaps the relative contribution of different disease processes) or with illnesses that may not have contributed to death and therefore are not within the coroner's jurisdiction.

5.4 UHL staff must follow the procedures laid out in appendices 1 and 2 for gaining consent for a hospital post mortem examination. Guidance notes to assist with the consent process are documented on the consent forms.

Appendix 1	Information on organ or tissue donation
Appendix 2	Protocol for gaining consent for a hospital post mortem

5.5 The relatives must be provided with the UHL leaflet entitled 'Examination of the Body after Death - Information for Relatives about the Hospital Post Mortem' when consent is being requested. This leaflet (number 209) is available throughout the Trust, from Bereavement Services and via http://yourhealth.leicestershospitals.nhs.uk/library/csi/pathology/1395-agreeing-to-a-hospital-post-mortem-examination-on-the-body-of-my-relative

5.6 Consent forms for adult and perinatal/paediatric post mortem examinations are available throughout the Trust. Only these documents must be used for taking and recording consent as they contain the necessary carbonated copies. Samples for illustration purposes only are shown in Appendix 4 and 5

5.7 For adult hospital post mortems, an Adult Hospital Post Mortem Record (TF4291) must also be completed and accompany the post mortem consent form to the mortuary. This form is available from the Medical Examiner's office. An example is shown in Appendix 6

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff who take consent for post mortem examination must have been trained to do so. There are 2 modules on the UHL e-learning platform (HELM) that cover all necessary learning requirements for both adult and paediatric/perinatal post mortem consent takers. These are:

"Obtaining Consent for Post Mortem Examination" – for adults

"Paediatric & Perinatal Post Mortem"

This online training may be supplemented by face-to face training given by experienced consent takers and individuals with experience of post mortem examination and the Human Tissue Act. Records of training completed are retained by Cellular Pathology (Mortuary) Management team. Training must be refreshed via either means every 2 years

6.2 The Human Tissue Authority website holds current information and resource material about all issues relevant to post mortem examination and tissue retention https://www.hta.gov.uk

6.3 Sands, the Stillbirth and Neonatal Death charity website holds current information and resource material about obtaining consent for perinatal and paediatric post mortems. https://www.sands.org.uk. The current UHL perinatal and paediatric consent form follows a recommended template prepared by Sands in collaboration with the HTA.

7 PROCESS FOR MONITORING COMPLIANCE

Compliance with the policy will be audited across the Trust on a regular basis and will be co-ordinated by the Designated Individual as part of the Cellular Pathology audit programme.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Completion of consent form is compliant with the Human Tissue Act Each. In particular there is no confusion regards the wishes of relatives particularly in terms of relatives in terms of any limitations imposed and retention of tissue samples.	1.Consultant Histopathologist 2.Designated Individual	Audit of post mortem consent form.	Prior to every hospital post mortem examination	1. Non-compliant forms will be referred back to the consent taker promptly for clarification. Post mortem examination will not proceed until consent form is complaint 2.Mortuary Management Team
There will be no avoidable delays in completing the statutory paperwork to enable a hospital post mortem to be carried out without unduly delaying the release of the deceased into the care of Funeral Directors.				
Consent takers have received training to do so	Designated Individual	Audit of post mortem consent form.	Annually	Mortuary Management Team

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Human Tissue Authority Code of Practice A: Fundamental Principles of Consent

https://www.hta.gov.uk/sites/default/files/HTA%20Code%20of%20Practice%20A%20-%20Guiding%20principles%20and%20the%20fundamental%20principle%20of%20consent%201.pdf

- Human Tissue Authority Code of Practice F: Donation of Solid Organs for Transplantation – Part 2 Deceased Organ and Tissue Transplantation

https://www.hta.gov.uk/sites/default/files/HTA%20Code%20of%20Practice%20F%20Part%20Two%20-%20Deceased%20Organ%20and%20Tissue%20Donation_0.pdf

- UHL Policy for Organ/Tissue Donation, ref B4/2012
- UHL Last Offices and Care of the Deceased Patient Policy, ref B28/2010
- Mortuary procedure PR3634 – Post Mortem Examination & Organ Retention

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This policy will be reviewed by mortuary service managers and the Designated Individual at least every 3 years or as required following the result of audit or issuing of new guidance by the Human Tissue Authority.

10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Appendix 1: Procedure for Organ Donation

1.1 Organ donation for transplantation can often be carried out before a post mortem takes place. If an individual has made the decision to consent to organ or tissue donation, then that is sufficient for the donation to be lawful. The transplant co-ordinator must be involved at an early stage to determine whether or not consent for donation was in place or not.

1.2 Organ or tissue retrieval will usually occur before a post mortem takes place to avoid contamination. For that reason, the donation must always be discussed with the pathologist in advance. Authorisation of the coroner is required if the coroner is investigating the reason for the deceased's death.

1.3 Tissue Donor Coordinators can be contacted via switchboard.

Appendix 2: Protocol for requesting consent for a hospital post mortem

1. Introduction

1.1 It is self-evident that a request for permission to perform a post mortem is an issue requiring sensitivity and tact. It is essential that the information provided to relatives allows them to make an informed decision regarding consent to the post mortem and the subsequent handling of tissues and organs.

1.2 Relatives should be reassured that patients will be treated with respect and dignity at all times whilst in the care of the mortuary service.

1.3 This document deals only with hospital post mortems. Separate guidance regarding Coroner's post mortems is available from the Bereavement Services Office and the Coroner's Office (Information leaflet - Post mortem examinations legally required by law / coroners**)**.

2. The Purpose of the Hospital Post Mortem

2.1 The hospital post mortem is not primarily undertaken to establish the cause of death. If the cause of death is not known, the case should be discussed with the Coroner's Office.

2.2 A hospital post mortem may be undertaken to confirm (not establish) the cause of death, to identify other conditions present, to assess the extent of disease or to assess the effects of treatment.

2.3 A death certificate should be issued prior to the post mortem. The fact that further information may be available from a post mortem should be indicated on the death certificate.

3. Requesting Consent for a Post Mortem

3.1 As indicated in the introduction, the request for consent for a post mortem requires sensitivity and tact. The reason for the request must be fully explained.

3.2 Consent for post mortem examination can be taken by any member of hospital staff who has received training to do so that is approved by the Designated Individual. This could include the most senior doctor involved in the care of the patient, dedicated Bereavement Nurses/Staff or someone from the mortuary service. This is not an exhaustive list.

3.3 The subject of post mortem examination may be broached soon after the deceased has died. The formal procedure for requesting consent, however, takes place in the Bereavement Services Office where the appropriate documentation and information leaflets are available.

3.4 The relatives must be provided with the University Hospitals of Leicester leaflet entitled 'Examination of the Body after Death - Information for Relatives about the Hospital Post Mortem' when consent is being requested. This leaflet (number 209) is available

throughout the Trust, from Bereavement Services and via: http://yourhealth.leicestershospitals.nhs.uk/library/csi/pathology/1395-agreeing-to-a-hospital-post-mortem-examination-on-the-body-of-my-relative

3.5 The relative(s) must be provided with a full explanation of the consent form emphasising the various options available. All parts of the consent form must be completed.

3.6 In addition the consent taker must complete an Adult Hospital Post Mortem Record (mortuary document ref – TF4291), available from the Bereavement Service s Office. This form should be sent to the mortuary with the post mortem consent form completed with the relatives

4. The Consent Form

4.1 The Consent Form is a complex document offering a number of options to the relative(s) of the deceased. Staff requesting consent for a post mortem must be familiar with the consent form.

4.2 Different consent forms are available and should be used for post mortems on adults and post mortems on neonates, babies and children from the second trimester. The adult form may also be used for older paediatric cases (over the age of 15) if the circumstances of the patient or death would make this more appropriate. Advice should be sought from a histopathologist if necessary before the consent process is started

4.3 The first stage of consent is for the post mortem examination. The procedure must be explained in sufficient detail for informed consent to be given. At this stage the options are for a full post mortem or a post mortem limited to a part or parts of the body. Any restriction must be clearly noted.

4.4 The need for microscopic examination of tissues must also be explained. Histological examination is generally considered to be a part of the routine hospital post mortem. Pieces of tissue removed are up to 2 cm across and would normally be retained in the histopathology department archive for a scheduled purpose e.g. research, audit, quality control or review at a future time if the need arises. If the relative(s) do not wish tissues to be kept for microscopic examination this decision should be indicated on the consent form. If microscopic examination is not undertaken, the information available from the post mortem may be limited.

4.5 It may be necessary to sample body fluids for further examination at the post mortem. This should also be explained to the relative(s). These samples will normally be disposed of by the laboratory following analysis in the same way as samples for living patients, as clinical waste.

4.6 It may be necessary and/or advised that tissue samples be taken for genetic analysis to help in determining a cause or death and for the benefit of existing and future relatives.

4.7 In the majority of cases the post mortem examination and microscopic examination will provide all necessary information. However, some cases may require further examination of larger tissue samples, whole organs or other body parts. This requires specific consent.

4.8 The relative(s) may indicate agreement to the removal of such specimens for diagnostic purposes and the tissues / organs / body parts must be specified on the request form. It may be apparent from the clinical history that further examination of a specific organ such as the brain or the heart would be required. If in doubt, the person requesting consent for post mortem should discuss the matter with a pathologist, ideally the person who will be performing the post mortem. It should be noted that the pathologist may not require to retain an organ even if consent for its retention has been given.

4.9 The means of disposal of all retained specimens must be discussed and this is considered further in Section 6.

5. Medical Research and Education

5.1 Relative(s) may consent to small tissue samples, body fluids, large tissue samples, organs and body parts being used for medical research and education and for other purposes. Consent is required as follows:

- for continued retention of any sample after completion of the post mortem
- for evaluation of efficacy of any drug or treatment administered to the deceased, or for review on behalf of the family if a need arises
- for education and training relating to human health, quality assurance, public health monitoring or clinical audit
- for research that has been approved by an appropriate ethics committee

6 Disposal of Body Fluids, Small Tissue Samples, Large Tissue Samples, Organs and Body Parts.

6.1 The tissue samples (blocks and slides) taken for microscopic examination will be kept in the Histopathology Department archive until the post mortem report is completed. Future retention of these samples can only be done in line with the relatives wishes given in Section 2 of the consent form. If future retention is chosen, this will be in accordance with guidance from the Royal College of Pathologists

6.2 Any body fluids remaining after testing will be disposed of by the laboratory according to approved procedures identical to those used for similar samples taken from living patients.

6.3 Large tissue samples, organs and body parts taken for diagnostic purposes may be disposed of in a variety of ways. One of the available options must be ticked by the relative(s) on the consent form. They may be:

- Disposed of by the hospital in a lawful manner once investigations have been completed. This will be by incineration
- Reunited or repatriated with the body prior to burial or cremation. This may take some weeks and delay the funeral. Relatives should be advised to discuss funeral arrangements with their funeral director as this option may not be accommodated by crematoriums.
- Returned to the relative(s) for appropriate lawful disposal. Such return will be through funeral directors.
- Retained by the Pathology Department for education and research on the understanding that disposal, when it occurs, will be conducted in a respectful manner.

7. Completing the Form

7.1 Adult Post Mortem - relative(s) must be provided with the leaflet entitled ‘‘*Examination of the Body after Death - Information for Relatives about the Hospital Post Mortem’* and indicate on the consent form that this has been provided. This guide may help form the basis for your discussion with the family. This leaflet (number 209) is available throughout the Trust, from Bereavement Services and via http://yourhealth.leicestershospitals.nhs.uk/library/csi/pathology/1395-agreeing-to-a-hospital-post-mortem-examination-on-the-body-of-my-relative

7.2 Perinatal/Paediatric Post Mortem – relatives should be offered written information also. The Sands leaflet “*Deciding about a Post Mortem Examination – Information for Parents*” is available throughout the Trust or at -

https://www.uk-sands.org/support/practical-information/deciding-on-a-post-mortem

7.3 Guidance notes to assist with the consent process are available on the consent forms.

7.4 The relative giving consent should write his / her name in capitals and sign the form indicating their relationship to the deceased and the date.

7.5 The person obtaining consent should act as a witness. They should write their name in capitals and sign the form indicating their position and the date.

7.6 The consent form is a self-copying multipart and multi-coloured form. Details of where/who each copy should be given or sent to are detailed

on the consent form. The relative giving consent should always be offered a copy.

7.7 You should remind the relatives that they have the opportunity to modify consent or to withdraw it. If they wish to do this then they should contact Bereavement Services immediately and if Bereavement Services is closed should leave a message on the mortuary answer-phone. The relevant telephone numbers are on the PM consent forms that relatives take a copy of and are given below –

Bereavement Services:	5194 and 5196 (LRI)
	3401 and 3417 (GH)
	4235 and 4236 (LGH)
Mortuary Answerphone:	0116 258 7275

8. Provision of the Post Mortem Report

8.1 **Adults and older children** - The final post mortem report will be issued to the hospital clinical consultant responsible for the final stage of care of the patient and also in some cases to the patients GP. As well as a full medical report a non-medical report (sometimes call a layman's report) will also be provided by the pathologist to assist clinical staff and GP's with any discussions that the patients relatives may request regards the findings of the post mortem report.

8.2 **Paediatric patients** – The full medical post mortem report will be issued to the clinical consultant responsible for the care of the child, and in the case of neonates and babies to the obstetrician responsible for the care of the mother also. All parents are offered an opportunity to discuss the findings of their child's post mortem and in particular any implications for future pregnancies. Due to this specialist follow up, non-medical reports are not routinely issued but can be provided if specifically requested.

Appendix 3: Adult Post Mortem Examination Consent Form (information only)

Introduction

This consent form provides is to be used to obtain consent for post mortem (PM) examination of adults, in line with the requirements of the Human Tissue Act 2004. It should be used for adults and older paediatric cases (over the age of 15) but should not be used stillbirths, neonatal deaths, fetal tissue or non-fetal products of conception. A separate post mortem consent form is available for those cases. Staff seeking consent for PM examination must ensure that they have appropriate consent, in line with the Human Tissue Act 2004. Staff must ensure that consent is given by the person concerned whilst alive, their nominated representative or (in the absence of either of these) someone in a qualifying relationship with the deceased immediately before they died. See Guidance note 6 for more information.
The consent form is important as a record of consent given. The completion of the form is just one part of the consent process. Full explanation of the PM examination procedure along with discussion and time for reflection by those consenting, are equally important. Individuals and relatives should be able to discuss this process fully and ask any questions. Staff seeking consent for PM examination must be trained in how to obtain valid consent.
Consent is only valid if proper communication has taken place. Consideration should be given to the needs of individuals and families whose first language is not English.
The consent form covers consent for the PM examination itself as well as for the retention and use of organs and tissue following the PM examination.
Please note that there are 3 sections to this form. Every section must be completed fully and legibly and be countersigned by the person giving consent. The person taking consent must then countersign the consent form and ensure that a post mortem examination request is also completed.

Guidance notes

- ***Guidance note 1***

Some families may wish to limit a post mortem, the most common limitation being to exclude examination of the brain. If relatives choose to limit a post mortem, then those limitations must be clearly stated on the form and will be strictly followed. Certain limitations may reduce the likelihood of the post mortem answering the clinical question (for example a "chest only" post mortem is unlikely to identify a source of GI bleeding) and should be carefully discussed with the family.

- ***Guidance note 2***

Tissue samples: A post mortem would usually include the taking of small tissue samples (approximately the size of a postage stamp) to be processed in the laboratory and examined by microscope for signs of disease
If the wishes of the relatives are to reunite organs and tissue with the body before burial or cremation this will almost certainly delay the funeral. For example, post mortem histology will typically
Tissue blocks and glass slides will be placed in a suitable container and transported with the body should the family wish to delay the funeral until they are returned.

- ***Guidance note 3***

Once a decision has been made to proceed with the PM examination and consent has been given, the family has the opportunity to change their minds or to change the scope of the PM examination.
As a general rule the post mortem will take place the next working day, often starting first thing (around 8am).

- ***Guidance note 4***

Staff seeking consent must ensure that they have appropriate consent, in line with the Human Tissue Act 2004. Staff must ensure that consent is obtained from, in this order:

1. the person concerned- where an adult has, whilst alive, given valid consent for a post mortem examination to take place after their death, this consent is sufficient
2. their nominated representative the Human Tissue Act 2004 sets out the terms for valid appointment of a nominated representative. or, in the absence of either of the above,
3. a person in a qualifying relationship with the deceased immediately before their death. Consent must be obtained from the person ranked highest in the hierarchy and is only needed from one person in the hierarchy:

Hierarchy of qualifying relationships. Persons are ranked in the following descending order:

a) spouse or partner (including civil or same sex partner)
b) parent or child (in this context a child may be of any age)
c) brother or sister
d) grandparent or grandchild
e) niece or nephew
f) stepfather or stepmother
g) half-brother or half-sister
h) friend of long standing

CONSENT FOR POST MORTEM EXAMINATION OF AN ADULT

Name of deceased: Date of birth: Date of death:

Consultant / GP in charge of patient: Hosp. No. 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 read and understand Hospital Post Mortems - Relatives Guide
☐ I confirm that my questions about the post mortem examination have been answered to my satisfaction and understanding.

Signed: 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 (please specify) *[See guidance note 1]*

Signed: 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
If you decide tissue samples should not be kept after the post mortem examination, further diagnosis will not be possible and the tissue samples will be disposed of. *[See guidance note 2]*

Signed: 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

☐ I wish to donate retained organ(s) for education, after which they will be disposed of lawfully

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

☐ I will make my own arrangements for lawful disposal of any retained organ(s) *[See guidance note 2]*

Signed: Name:

Other requirements of the post-mortem examination
In some cases there may be further requirements of the post-mortem examination, such as genetic testing of tissue samples. The person explaining about the post-mortem examination will explain these to you. Other requests or conditions which you would like to make:

Thank you for consenting to a post-mortem examination. You can change your mind about any of the decisions you have made, although there may be a short time limit for some of these. If you wish to make changes to anything you have consented to, or wish to withdraw your consent, please telephone 0116 258 5596 as soon as possible and not later than 7.30am the next working day *[See guidance note 3]*. Please do not hesitate to contact Bereavement Services if you have any questions.

Signed: Name:

Address: Tel. no:

Date:

Relationship to the deceased: *[See guidance note 4]*

Details of person obtaining consent

Name: Job title:

Contact details:

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 *[See guidance note 4]*
- 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
- Where appropriate, I have discussed the requirements of the post mortem examination with the pathologist
I have offered a copy of this form to the person giving consent

Signed: Date:

Appendix 4: Perinatal & Paediatric Hospital Post Mortem Consent form (information only)

University Hospitals of Leicester NHS
NHS Trust

PERINATAL & PAEDIATRIC HOSPITAL POST MORTEM CONSENT FORM

Your wishes about the post mortem examination of your child

How to fill in this form

- Please complete on a flat firm surface using a ball-point pen to ensure all details are transferred legibly to all copies.
- Please show what you agree to by writing **YES** in the relevant boxes.
  Write **NO** where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

- After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.
- If you want to change your mind, you must contact:

  Leicester Royal Infirmary Mortuary, by telephone on 0116 258 7275 before 8am on the next working day.

  Mortuary working days are Monday – Friday only

Please be assured that your child will always be treated with care and respect.

Mother	Child
Last name:	Last name:
First name(s):	First name(s):
Address:	Date of birth:
	Date of death (if liveborn):
	Hospital no.:
Hospital no.:	NHS no.:
NHS no.:	Gender (if known):
Date of birth:	Consultant:
Consultant:	Address (if different from the mother's):
Father/Partner with parental responsibility	
Last name:	
First name(s):	
Preferred parent to contact, tel. no.:	
Other, e.g., religion, language, interpreter:	

Section 1: Your decisions about a post mortem examination

Select **one** of these 3 options

A complete post mortem: This gives you the most information.

It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x rays and medical photographs.
Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another child in the future and are worried that the problem might occur again, a complete post mortem is the best way to try to find out.

☐ **I/We agree** to a **complete post mortem** examination.

OR

A limited post mortem: This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

☐ **I/We agree** to a **limited post mortem** examination.

Please indicate what can be examined:

☐ Abdomen ☐ Chest and neck ☐ Head

Other .....

OR

An external post mortem: This may not give any new information.

An external post mortem includes a careful examination of the outside of the child's body, x-rays and medical photographs. The placenta may also be examined.

☐ **I/We agree** to an **external post mortem** examination.

Section 2: Tissue samples

Only if you consent to a complete or limited post mortem

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another child in the future.

☐ **I/We agree** to the tissue samples being kept as part of the medical record for possible re examination. *If consent is not given, you must note below what should be done with the tissue samples. See Section 9 Item 7 for more information.*

Notes to Sections 1 and 2 if required: .....

.....

.....

Section 3: Genetic testing

To examine the child's chromosomes or DNA for a possible genetic disorder or condition, the pathologist takes small samples of skin, other tissue and/or samples from the placenta (afterbirth). With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another child in the future.

☐ **I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.** *If samples should not be taken from any of these, please note this below.*

☐ **I/We agree to the genetic material being kept as part of the medical record for possible re examination.** *See Section 9 Item 7 for more information.*

Notes to Sections 3 if required: .....

.....

.....

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the post mortem, or the information you get about your child's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

☐ **I/We agree to the tissue samples being kept and used for quality assurance and audit.**

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

☐ **I/We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.**

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

☐ **I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.**

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

Section 5: Keeping one or more organs for diagnostic purposes

In most cases, all the organs will be returned to your child's body after the post mortem examination. But occasionally the doctors may recommend keeping one or more organs for longer, to carry out further detailed examination to try to find out more about why your child died. This might take some weeks and so could affect the timing of your child's funeral. The person who discusses the post mortem with you will tell you if it is likely.

☐ **I/We agree to further detailed examination of the organ(s) specified below:**

☐ Any organ

☐ The following organ(s).....

If you agree to further detailed examination, you also need to decide what should be done with the organ(s) after the examination:

☐ **I/We want the hospital to dispose of the organ(s) as required by law.**

☐ **I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.**

☐ **I/We want to delay the funeral until the organ(s) have been returned to my/our child's body. We understand that this may not be for some weeks.**

Alternatively, after the further detailed examination, you may decide to donate the organ(s) for one of the following purposes:

☐ **I/We agree to donate the organ(s) to be used to train health professionals.**

☐ **I/We agree to donate the organ(s) to be used for ethically approved medical research.**

If you agree to donate one or more organ(s), they will be disposed of by the hospital as required by the Human Tissue Authority when they are no longer needed.

If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the mortuary.

Notes to Sections 4 and 5 if required:.....

.....

.....

.....

.....

.....

Section 6: Any other requests or concerns

.....

.....

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.....

.....

Please be assured that your child will always be treated with care and respect.

Section 7: Parental consent

- ☐ I/We have been offered written information about post mortems.
- ☐ I/We understand the possible benefits of a post mortem.
- ☐ My/Our questions about post mortems have been answered.

Mother's name: ..... **Signature:** .....

Father's/Partner's name: ..... **Signature:** .....

Date: ..... **Time:** .....

Section 8: Consent taker's statements

To be completed and signed in front of the parents

- ☐ I have read the written information offered to the parents.
- ☐ I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.
- ☐ I have recorded any variations, exceptions and special concerns.
- ☐ I have checked the form and made sure that there is no missing or conflicting information.
- ☐ I have explained the time period within which parents can withdraw or change consent, and have shown them the necessary information printed below.

Name: ..... **Position/Grade:** .....

Department: ..... **Contact details (Ext/Bleep):** .....

Signature: ..... **Date:** ..... **Time:** .....

Interpreter's statement (if relevant)

- ☐ I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

Name: ..... **Contact details (Ext/Bleep):** .....

Signature: ..... **Date:** ..... **Time:** .....

Changing your mind

- After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.
- If you want to change your mind, you must contact: **Leicester Royal Infirmary Mortuary, by telephone on 0116 258 7275 before 8am on the next working day.**
  Mortuary working days are Monday – Friday only

Section 9: Notes for the consent taker

1. This form should be used to gain consent for the postmortem examination of babies from the second trimester onwards, stillborn babies and all babies and children under the age of 18 years.
2. "Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination".
   (Human Tissue Authority, Code of Practice 3, 2009).
3. Written information about post mortems should be offered to all parents before you discuss the form with them.
4. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed.**
5. Make sure that an appropriate time and date are entered in the *Changing your mind* section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The post mortem should not begin unless this section is completed. **It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form.** If the parents do not want a copy of the form, they should still be given written information about changing their minds.
6. Write the mother's or the child's hospital number in the box on the first page of the form. For a child who was born dead at any gestation use the mother's hospital number; for a child who was born alive use the child's hospital number.
7. **Sections 2 and 3: Tissue samples and genetic material.** If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

   If disposal is requested, it will usually take place only after the full post mortem report has been completed.

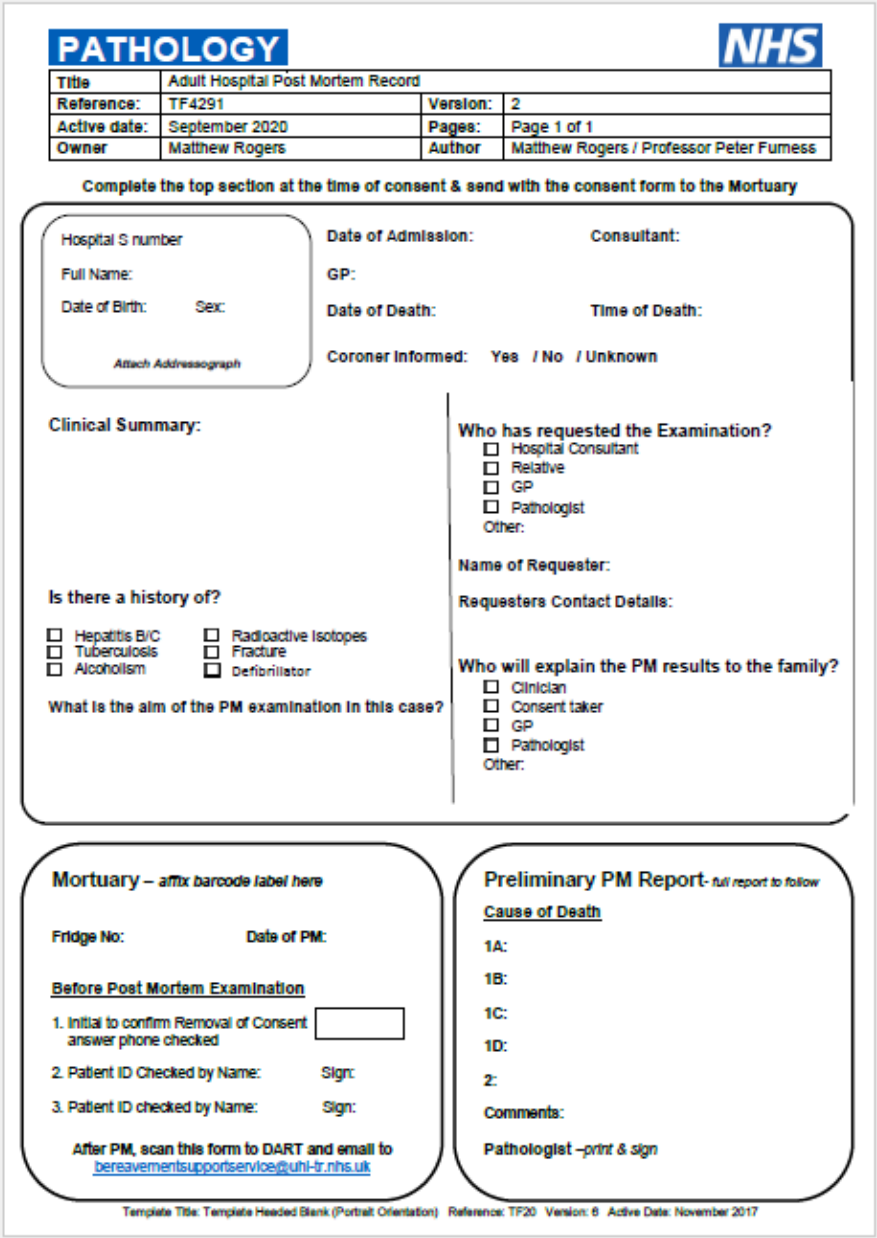
   The options are:

   - disposal by the hospital

   OR

   - release to the parents via a funeral director for burial.
     For health and safety reasons, blocks and slides cannot be cremated.
     Genetic material is normally incinerated.
8. Send the top copy of the completed form to the mortuary, offer a copy to the parent(s), and put a copy into the mother's (for a stillbirth or miscarriage) or the child's (for a neonatal death) medical record.
9. There will be other forms or information sheets that you need to send with the post mortem consent to the mortuary and/or Bereavement Services. Check the list in the Post Mortem Reference File. Failure to include all necessary forms, accurately filled in will delay the post mortem.
10. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.

Appendix 5: Adult Hospital Post Mortem Record – Mortuary Controlled Document (TF4291)



PATHOLOGY NHS

Title	Adult Hospital Post Mortem Record		
Reference:	TF4291	Version:	2
Active date:	September 2020	Pages:	Page 1 of 1
Owner	Matthew Rogers	Author	Matthew Rogers / Professor Peter Furness

Complete the top section at the time of consent & send with the consent form to the Mortuary

Hospital S number

Full Name:

Date of Birth: Sex:

Attach Addressograph

Date of Admission: **Consultant:**

GP:

Date of Death: **Time of Death:**

Coroner Informed: **Yes / No / Unknown**

Clinical Summary:

Who has requested the Examination?
- ☐ Hospital Consultant
- ☐ Relative
- ☐ GP
- ☐ Pathologist

Other:

Name of Requester:

Requesters Contact Details:

Is there a history of?
- ☐ Hepatitis B/C
- ☐ Tuberculosis
- ☐ Alcoholism
- ☐ Radioactive Isotopes
- ☐ Fracture
- ☐ Defibrillator

What is the aim of the PM examination in this case?

Who will explain the PM results to the family?
- ☐ Clinician
- ☐ Consent taker
- ☐ GP
- ☐ Pathologist

Other:

Mortuary – *affix barcode label here*

Fridge No: **Date of PM:**

Before Post Mortem Examination

1. Initial to confirm Removal of Consent answer phone checked ☐
2. Patient ID Checked by Name: Sign:
3. Patient ID checked by Name: Sign:

After PM, scan this form to DART and email to bereavementsupportservice@uhl-tr.nhs.uk

Preliminary PM Report- *full report to follow*

Cause of Death

1A:

1B:

1C:

1D:

2:

Comments:

Pathologist –*print & sign*

Template Title: Template Headed Blank (Portrait Orientation) Reference: TF20 Version: 6 Active Date: November 2017