

Annexure 1 - Consent form for a feto-infant pathological post-mortem

Name of the baby/mother		Date of admission	
Hospital & ward		BHT	
Name of the referring consultant		Date and time of death / delivery (for IUD)	

1. I(*name of the mother / father)
(address) consent to a
 - pathological post-mortem of the whole body or
 - limited pathological post-mortem involving following organ/s
(name the organs)
 in order to understand the nature and the extent of disease lead to the death and to study the underlying predisposing factors.

2. I understand that
 - small pieces of tissue from each organ examined will need to be processed and examined under a microscope.
 - some organs /tissues may be retained for further examination

3. Declaration:
 - The specialist or the medical officer in charge involved in the management of the deceased, have explained to me the reason for and the nature of the pathological post-mortem and has conveyed the cause of death (in case of a neonatal death).
 - I have read and understood the hospital consent form for feto-infant pathological post-mortem.
 - I am the father / mother of the baby and to the best of my knowledge there is no objection from the spouse for the proposed procedure.
 (Note: The consent should be given by both parents if genetic investigations are done).

4. Select
 - I will accept the body following post-mortem procedure for arrangement of the funeral or
 - I agree for respectful disposal of the body by the hospital.

Optional

I consent / do not consent

- using and keeping samples for research or teaching purposes.
- using the medical records and photographs taken during the examination for research or medical education if the deceased's identity is not revealed.

Signature Date

Contact telephone number

Signature of the Medical Officer:..... Date

Designation:.....