



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

Facility:

### NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

For all public hospital inpatients you must complete the NSW Coronial Checklist (SMR010.513 NH606536).

Have you completed this checklist  Yes  No

[Note: This form should be used to obtain consent for the conduct of a non-Coronial post mortem. A copy of the completed form must be (1) retained as part of the post mortem record; (2) placed in the deceased person's health record; and (3) given to the person who provided consent i.e. the senior available next of kin or their delegate].

#### SECTION 1

(Patient's Doctor to Complete)

##### DETAILS OF PERSON OBTAINING CONSENT

Family name \_\_\_\_\_ Given name \_\_\_\_\_

Institution/Hospital \_\_\_\_\_

Person's Position \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Pager \_\_\_\_\_

##### ADDITIONAL DETAILS OF THE DECEASED

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ (Leave blank for pre-mortem consent)

Optional: Is the deceased an Aboriginal person or Torres Strait Islander? [Tick relevant box]

- YES
- NO
- UNKNOWN

#### SECTION 2: PERSON GIVING THE CONSENT

[Tick relevant box and complete as appropriate]

PERSON GIVING THEIR CONSENT DURING THEIR LIFE TIME TO A POST MORTEM EXAMINATION OF THEIR BODY AFTER DEATH

I, \_\_\_\_\_ [insert name] consent to a post mortem examination of my body after I have died as detailed in Section 3.

SENIOR AVAILABLE NEXT OF KIN (Enduring Guardian and Power of Attorney not applicable)

##### DETAILS OF SENIOR AVAILABLE NEXT OF KIN

Family name \_\_\_\_\_ Given name \_\_\_\_\_

of \_\_\_\_\_ [Insert address]

Relationship of senior available next of kin to deceased: \_\_\_\_\_

of \_\_\_\_\_ [Insert address and postcode]

~~A DELEGATE OF THE SENIOR AVAILABLE NEXT OF KIN~~

##### ~~DETAILS OF DELEGATE OF THE SENIOR AVAILABLE NEXT OF KIN~~

~~Family name \_\_\_\_\_ Given name \_\_\_\_\_~~

~~of \_\_\_\_\_ [Insert address and postcode]~~

~~Telephone \_\_\_\_\_~~

~~Attach written authorisation of delegate~~

#### SECTION 3: THE CONSENT

I CONSENT TO THE FOLLOWING BEING CARRIED OUT ON THE ABOVE NAMED DECEASED: [Tick relevant box]

a full post mortem examination of the deceased

a post mortem examination of the deceased LIMITED to the following organs, body parts or body cavities:

Brain

Spinal cord

Eyes



SMR020032

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

SMR020.032

NH606698 250518



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COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

I ALSO CONSENT TO: *[Tick relevant box]*

The retention of organs and other body parts for diagnostic testing.  
The following organs or body parts **CAN** be retained  Brain  Spinal cord  Eyes \_\_\_\_\_

**Optional:** The retention of organs and other body parts for scientific, therapeutic and medical purposes.  
The following organs or body parts **CAN** be retained  Brain  Spinal cord  Eyes \_\_\_\_\_

The retention of \_\_\_\_\_ *[Specify organs or body parts]*  
for \_\_\_\_\_ *[Specify research study]*

I REQUEST that any organs and other body parts be: *[Tick relevant box]*

- Reunited with the body prior to burial/cremation;
- Returned to ~~me~~ or the person nominated by me, if practicable  
Name of nominated person \_\_\_\_\_  
Address of nominated person \_\_\_\_\_  
Relationship to nominated person **Funeral Director** \_\_\_\_\_
- Disposed of in a lawful manner by the hospital

**Reports** It is recommended that the post mortem report be discussed with a clinical specialist or nominated GP.

I request that: **(Nominated GP Details)**  
 a copy of the post mortem report be sent to \_\_\_\_\_  
Address \_\_\_\_\_

The body is ready for the funeral which takes place: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_

**FUNERAL DIRECTOR:** Name \_\_\_\_\_ Contact number \_\_\_\_\_

I HAVE NO REASON TO BELIEVE that the deceased had expressed any objection to this post mortem examination or any use of tissue noted above.

**THE NATURE OF THE POST MORTEM EXAMINATION** and the way in which the tissue from the deceased's body will be dealt with have been explained to me.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

**SIGNATURE** of the person giving consent in their lifetime \_\_\_\_\_

**SIGNATURE** of the senior available next of kin or authorised delegate \_\_\_\_\_

**SIGNATURE** of doctor/health professional \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

INTERPRETER present:  NO  YES \_\_\_\_\_  
*[ Full name of Interpreter] [Signature of Interpreter]*

#### AUTHORISATION BY A DESIGNATED OFFICER (Not Treating Doctor)

I, \_\_\_\_\_ hereby authorise: *[Tick relevant box]*  
*[Full name of Designated Officer]*

- the full post mortem examination of the deceased's body
- the limited post mortem examination of the deceased's body
- the retention of organs or other body parts for diagnostic testing
- Optional:** the retention of tissue, organs and body parts removed for the purposes of the post-mortem examination for scientific, therapeutic, and medical purposes as set out in the above consent.

I, \_\_\_\_\_ declare that I do not have a personal interest in the deceased and I have not had a clinical involvement with the deceased.  
*[Name of the Designated Officer]*

**SIGNATURE** of the Designated Officer \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

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BINDING MARGIN - NO WRITING

