# Request and Consent for Autopsy

**Patient / Decedent**

| | |
|---|---|
| Name: | |
| Sex: | |
| Date of birth: | |
| Health card number: | |

**Ordering physician / individual performing the informed consent**

| | |
|---|---|
| Name: | |
| Address: | |
| Phone number: | |
| Fax number and/or secure health system e-mail address | |
| Ontario (CPSO) license number: | |

A hospital autopsy is done to examine the medical circumstances surrounding an individual's death. An autopsy involves making incisions and removing organs from the body, and examining tissues inside and outside of the body. All efforts are taken to ensure that the appearance of the decedent following the exam is appropriate and respectable.

To perform a complete autopsy, University Health Network (UHN) may need to keep a part or all of some organs such as the heart, lungs, and brain. UHN handles all materials with respect, privacy, and confidentiality. Once examination and legally required retention times are complete, material is disposed of in a respectful manner in keeping with appropriate laws and regulations.

University Health Network (UHN) is a teaching hospital. Students and learners will be involved in the performance of the examination, all of whom are appropriately trained and authorized for providing such medical care.

An autopsy examination can often be restricted to facilitate focused examination of a particular body region or organ. While this limits the amount of information available for interpreting the case, UHN endeavors to respect any such requests. If the request will compromise performance of the exam, this will be discussed with the ordering physician prior to performing the case.

Please indicate here any **requests for restricted examination**:

_____

I agree that the doctor or their delegate has fully explained to me the above. I have had the chance to ask questions, which were answered to my satisfaction:

**Consenting individual (patient or next of kin)**

| | |
|---|---|
| Name: | |
| Relationship (see below *): | |

Signature: Date:

* By Ontario law, the individual consenting to an autopsy must either be the patient prior to their death, or otherwise their next of kin, defined, in decreasing priority, as the following: spouse, adult child, parent, sibling, other biological relative

**Witnessing physician**

Signature: Date:

**If a verbal/phone consent was performed, the following healthcare professional also witnessed the consent:**

Signature: Date:

*Please also see next page.*

# Consent for Use of Autopsy Materials for Future Research

The University Health Network (UHN) is an academic institution that conducts medical research on tissues, blood and body fluids in order to learn more about what causes disease, how to prevent them, how to treat them and how to cure them. We are seeking your permission to store samples of any excess tissue, blood or body fluids for future research purposes. Any future research that may be carried out on the tissues, blood or body fluids of the patient will be both scientifically and ethically reviewed and approved by the UHN's Research Ethics Board.

I understand that my/the patient's sample may be stored indefinitely. None of the research results will be placed in the medical record unless I give explicit permission in the future for the results to be released. I understand that research carried out on these samples by researchers at UHN or their collaborators may lead to the development of marketable treatments, devices, new drugs or patentable procedures I understand that neither I nor my/the patient's estate will benefit from such commercial developments and that any benefit from commercial products will remain with UHN/

I understand that I am voluntarily releasing my/the patient's samples of tissue, blood or body fluids, which may include samples that are stored at other health institutions, for research purposes. I understand that I have the right to refuse to allow such research studies on these tissues. I further understand that I can have the sample(s) removed from storage and have them destroyed at any time in the future by contacting the UHN Research Ethics Board

There is a possibility that these samples may be used for genetic research (research about diseases that are passed on in families), and that the results will not be put in my/the patient's health records. If you wish to be notified of any incidental findings during such research, in accordance with any approved research protocol, please provide your contact information below.

I certify that the above statements have been fully explained to me. I have had any questions answered to my satisfaction. The doctor has explained to me that my/the patient's tissues, blood or body fluids may be saved for future research.

I also understand that this will not affect the process of post mortem examination, in any way.

**Consenting individual (patient or next of kin – must match the individual consenting to the autopsy)**

| | |
|---|---|
| Name: | |
| Relationship (see below): | |

Signature: Date:

In the event that researchers wish other information about the above named for future research or to return incidental findings, particularly those that may inform healthcare for living individuals, I give my permission for researchers from this institution to contact me, or in my absence, my/the patient's surviving next of kin.

Appropriate contact information (e.g. address, phone, e-mail, etc.):