



Patient Identifier

CONSENT FOR AUTOPSY

I, _____, bearing the relationship of
(Print name of person giving consent)

to _____, the deceased person,
do hereby authorize the Pathologist to perform a:

Full post mortem examination of the body of said decedent and to retain fluids, tissues and organs considered necessary in ascertaining the correct cause of death.

Limited post mortem examination, restricted to the following organs: _____

and to retain fluids, tissues and specified organs considered necessary in ascertaining the correct cause of death.

(Signature of Person giving consent)

(Print name)

(Day/month/year)

(Signature of Witness and Designation)

(Print name)

(Day/month/year)

STATEMENT OF WITNESS TO CONSENT OBTAINED BY TELEPHONE (Two witnesses are required)

We have witnessed over the telephone the consent given to

_____ by
(Print name and designation of Health Practitioner)

(Print name of person giving consent and relationship to deceased)

for an autopsy on _____.
(Print name of deceased)

Witness 1

(Signature and Designation) _____ (Print name) _____ (Day/month/year) _____

Witness 2

(Signature and Designation) _____ (Print name) _____ (Day/month/year) _____

HIERARCHY OF CONSENT FOR AUTOPSY

Consent for Hospital (i.e. non-Coroner) autopsies must be obtained from the following decision-makers in this order of priority:

1. Deceased person's spouse; married spouse, common law spouse*, same sex spouse, parents together of a child
2. Deceased persons child (16 or older)
3. Deceased person's parents
4. Deceased persons brothers or sisters (16 or older)
5. Deceased person's identified next of kin
6. Legal guardian
7. Executor of deceased's estate
8. Person in legal possession of the body excluding the hospital, coroner, public trustee, embalmer, funeral director or crematorium

* Persons having entered a combination agreement under Sec.53 Family Law Act 1986 (cohabitation agreement)