

HSE National Toolkit of Templates for Post Mortem Examination Services (2023)

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HSE National Toolkit of Templates for Post Mortem Examination Services





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Is this document a: Guideline

Clinical guidelines (or “clinical practice guidelines”) are “statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options”. They have the potential to reduce unwarranted practice variation, enhance translation of research into practice, and improve healthcare quality and safety, if developed and implemented according to international standards.

<https://www.ncbi.nlm.nih.gov/books/NBK549283/> Panteli (2019)

“Evidence-based clinical guidelines are recommendations to assist practitioners and patients to make decisions about appropriate healthcare for specific clinical circumstances. Guidelines should integrate best research evidence in conjunction with clinical expertise, patient values and cost (Sackett et al., 2000).”

HSE. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs). (2016)

Title of PPPG Development Group:	HSE National Clinical Guidelines for Post Mortem Examination Services: Review Group.		
Approved by:	HSE National Clinical Guidelines for Post Mortem Examination Services: Review Group, National Clinical Director Quality and Patient Safety (QPS), National Quality and Patient Safety Directorate (NQPSD) and the HSE Chief Clinical Officer.		
Target audience:	This document is the HSE national clinical guidance for all relevant staff in the health service and HSE funded services who are involved in any stage of the provision of post mortem examination (PME) services.		
Description:	The document shares sample templates to support services in the delivery of PME Services based on current legal requirements, professional standards and international best practice. It should be read in conjunction with the HSE National Clinical Guidelines for Post Mortem Examination Services (2023).		
Superseded documents:	This document supersedes and replaces the templates in the HSE Standards and Recommended Practice for Post Mortem Examination Services 2012.		
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Photo used with the consent of Juanita Guidera.

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Part one: Introduction



1. Part one: Introduction

The following document includes sample forms and booklets to assist you in your work. They are designed to underpin the HSE National Clinical Guidelines for Post Mortem Examination Services (2023). We would like to thank services from across the country for sharing their existing forms with us. They have been invaluable in developing these templates.

The forms may need to be adapted to reflect existing service requirements in each setting. It is also helpful to note that not all forms or booklets will be used in each case, especially if practice in a hospital / facility is in line with or surpasses the recommended practice in the guidelines.

Below you will see a broad outline of the forms required for both coroner's and hospital's PME. Please note that the forms have also been colour coded as per the colours used in the HSE National Clinical Guidelines for Post Mortem Examination Services (2023) with:

- purple shading or text for coroner's PMEs (forms 1 - 3)
- blue shading or text for hospital PMEs (form 4)
- orange shading / black text for both (forms 5 - 10).

In the case of the coroner's PME, you will note three possible forms for the "Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination". The first two apply to deaths in the hospital and the last one applies to deaths in the community. You may choose which of these forms to use allowing for the individual circumstances of the death. Some families will:

- wish to conclude the consent process in one sitting (**for hospital deaths - short form**),
- others may prefer to complete the consent process over an extended period (**for hospital deaths - long form**) and
- finally there is a form for deaths in the community (**for community deaths**).

The community form should be used for deaths occurring outside of the hospital (that is, in the community). It acknowledges that the discussions about what a coroner's PME is may be conducted by personnel from other services.

In hospital PMEs the consent process is likely to take place over a shorter time period. In this instance we have provided one consent form. This form can be adapted if required.

The forms as written make reference to clinical teaching, medical education and / or research. Forms will need to be adapted to remove this reference if it is not relevant in your service. However, where services offer any of these options, they must update / create appropriate forms in accordance with the HSE National Policy for Consent in Health and Social Care Research (2022). These forms should also be approved by a Research Ethics Committee.

An overview of the post mortem examination suite of forms	
Coroner's PME	Hospital PME
1. Form 1: Reporting a death to the coroner and record of coroner's directions (hospital based deaths)	
2. Form 2: Request for coroner's direction (community based deaths)	

An overview of the post mortem examination suite of forms

Coroner's PME	Hospital PME
3. <ul style="list-style-type: none"> 3.1. Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - long form) 3.2. Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form) 3.3. Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for community deaths) 	4. Form 4: Consent form for a hospital post mortem examination (also known as a consented or non-coronial PME)
5. Form 5: Consent pre mortem (while living) for a post mortem examination 6. Form 6: Request from pathologist to crematorium for cremation of organs in the absence of ongoing family contact 7. Form 7: Post mortem examination or specialist examination transfer and receiving form 8. Form 8: Child post mortem examination task list 9. Form 9: Template checklist which may assist designated healthcare professionals communicating with the designated person / family about post mortem examinations 10. Form 10: Confidential: Release certificate to funeral directors	

Part three includes template booklets. These are available for download separately.

1. Template adult booklet - A guide to a hospital post mortem examination (Consented or non-coronial PMEs).
2. Template adult booklet - A guide to a coroner's post mortem examination.
3. Template perinatal booklet - A guide to a hospital post mortem examination (Hospital / consented / non coronial PMEs).
4. Template perinatal booklet - A guide to a coroner's post mortem examination
5. Template paediatric booklet - A guide to a post mortem examination (hospital and coroner's PME).

We wish to extend our sincere thanks to the Stillbirth and Neonatal Death Society (SANDS), the perinatal pathology service at CUH, the Cork University Maternity Hospital Bereavement Committee, CUMH Hospital Management, the Childrens Health Ireland Hospital Group, Dr. Yvonne McCartney, the Office of the State Pathologist on whose work these booklets are based and for their willingness for their work to be the foundation of these templates.

We also wish to thank the sub group of the HSE National Clinical Guidelines for Post Mortem Examination Services who provided invaluable guidance throughout the development of these booklets

Part two: Template forms





Form 1: Reporting a death to the coroner and record of coroner's directions (hospital based deaths)

Part A: To be completed by consultant / registrar reporting death to the coroner

Contact details

Referring hospital	Coroner's details (including district)
_____	_____
_____	_____
_____	_____

Personal details of deceased

Full name _____ (or addressograph)
 Address _____

Date of birth

--	--	--	--	--	--	--	--

 Date of death

--	--	--	--	--	--	--	--

Age

--

 Sex _____ Time of death

--	--	--	--

 (24 hour clock)

Occupation _____ Medical record number _____

Place of death _____

Circumstances of death that warranted notification of the coroner

Current and prior medical history summary (including current medications)

Is sufficient information available for you to sign "Part 1 of the Death Notification Form"? Yes No

Requested by clinician

Print name _____ Medical council no.

--	--	--	--	--	--	--	--

Signature _____ Time

--	--	--	--

 (24 hour clock)

Job title _____ Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____



Part B: To be completed by the coroner

Decisions taken by the coroner

Please tick ✓ yes or no

I direct that a post mortem examination should be performed on the above named. Yes No

Section 41 form (Civil Registration Act 2004) as to cause of death can be issued. Yes No

Specific requests and / or instructions

Three horizontal lines for text input.

Authorised by (coroner)

Print name _____

Contact number

--	--	--	--	--	--	--	--	--	--	--	--

Signature _____

Time

--	--	--	--

 (24 hour clock)

District _____

Date

--	--	--	--	--	--	--	--

Part C: To be completed by the pathologist

Acknowledged by pathologist

Please tick ✓ yes or no

I confirm receipt of signed authorisation from the coroner prior to commencing the PME. Yes No

Print name _____ Medical council no.

--	--	--	--	--	--

Signature _____ Time

--	--	--	--

 (24 hour clock)

Job title _____ Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____



Information about this form

This form has been introduced so that written direction is available from the coroner in order to provide proof of authorisation for use in coronial, civil and criminal courts.

Who should complete this form? This form is for deaths occurring within a hospital setting.

Part A: The designated healthcare professional reporting the death to the coroner should complete this form. This person should be the registrar / consultant who is responsible for care of the deceased.

Part B: The coroner should sign the form under the authorisation box and send it to the pathologist if a PME is necessary.

Part C: The pathologist should confirm receipt of the authorisation to perform a PME prior to commencing a PME.

Where should this form be stored?

The original form should be saved in the pathologist's local file. A copy must also be placed on the deceased's healthcare record.



Form 2: Request for coroner's direction (community based deaths)

In the case of a community death this form may be preceded by a form C71 completed and sent to the coroner by An Garda Síochána

Part A: To be completed by the coroner / coroner's office

Contact details

Referring hospital / location

Coroner's details (including district)

Personal details of deceased

Full name (or addressograph) _____

Address _____

Date of birth

Date of death

Age Sex _____

Time of death (24 hour clock)

Occupation _____ Medical record number if known _____

Place of death _____

Part B: To be completed by the coroner

Decisions taken by the coroner

Please tick yes or no

I direct that a post mortem examination should be performed on the above named. Yes No

Section 41 form (Civil Registration Act 2004) as to cause of death can be issued. Yes No

Specific requests and / or instructions

Authorised by (coroner)

Print name _____

Contact number

Signature _____

Time (24 hour clock)

District _____

Date



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

This form is being shared with you because a person you know has died. We extend our condolences to you. We understand that this may be a difficult time. The information here is being provided to assist and guide you through the post mortem examination process.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

This form is an important record of your conversation with the healthcare professional about a coroner directed post mortem examination. It is also a record of your preferences and consent for the burial or cremation of any organs that need to be temporarily retained as part of the process. It also records your wishes in relation to the use of any organs for clinical teaching, medical education and / or research where possible and if you so wish.

In addition to your conversation with our staff, you will find additional information in our booklet 'A guide to post mortem examination' and on the coroner's website www.coroners.ie.

We want to assure you that your family member will always be treated with care and respect. Please read the following form carefully and ask us if you have any questions.

Part A: Contact details

Addressograph of patient for post mortem examination &										Coroner's details (including district)	
Name										Name	
Address										Address	
Date of birth											
Date of death											
Time of death (24 hour clock)											
Primary consultant										Email	
Medical record number (MRN)										Telephone number	
<small>It may be helpful to include the addressograph label for mothers of babies for PME also</small>											
Designated person completing form						Secondary contact in the event that the designated person is unavailable					
Name						Name					
Relationship to deceased						Relationship to deceased					
Address						Address					
Email						Email					
Telephone number						Telephone number					



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

Part B: Acknowledgement of information received about a coroner's post mortem examination

I _____ (insert name), have been informed that the coroner has directed a Coroner's Post Mortem Examination to be carried out on: _____.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

Following the conversation with the healthcare professional, I confirm that:

Please select yes or no Yes No

	Yes	No
1. I understand that consent is not required for a coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been informed as to the reason why this death was reportable to the coroner.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been given information about the coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have been given written information on the role of the coroner.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have been informed that it may be necessary to temporarily retain organ(s) for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been informed that tissue samples will be retained for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Acknowledgement of information received about a coroner's post mortem examination (signed by a designated person)

Print name _____ Signature _____
 Relationship to deceased _____
 Date

--	--	--	--	--	--	--	--

 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

Part C: Consent for the management of any organs retained during a coroner's post mortem examination

Your consent for burial or cremation of temporarily retained organs

This section of the form is about organs which may need to be temporarily retained during a coroner's post mortem examination.

Are organs retained in every case?

No. During a coroner's post mortem examination, the organs are temporarily removed and examined. In most cases, the organs are restored to the body before the deceased is returned to the family.

Why are organs temporarily retained?

In rare instances, the pathologist may temporarily retain organs for specialist examination to identify the cause of or a contributing factor to death.

How does consent work if organs have to be temporarily retained in a coroner's post mortem examination?

It is helpful to know that in a coroner's post mortem examination:

- Your consent **is not** required to temporarily retain an organ(s) as it is part of the post mortem examination process required by law.
- Your consent **is needed** for the management of temporarily retained organs once the coroner's investigation has been completed. This includes decisions about the burial, cremation or possible donation of the organs for clinical teaching, medical education and / or research.

How will I know if organs are temporarily retained?

Organs are only retained when necessary. If the pathologist needs to retain organs in this case, a person from the hospital or coroner's office will contact you to tell you which organ(s) have been retained.

What happens when the post mortem report is completed?

When the post mortem report is completed, the temporarily retained organs may be returned to you or the hospital for burial or cremation in line with your wishes.

The following questions help us understand what is important to you if it is necessary to temporarily retain organs in this case. (You will find more information in the booklet 'A guide to post mortem examination'.)

		Please tick <input checked="" type="checkbox"/> yes or no		Yes	No
7.	I do not wish to make a decision about the burial or cremation at this time and wish to be contacted to discuss this again. If possible, please identify a time to speak again	<input type="checkbox"/>	<input type="checkbox"/>		
If selecting option 7 above, please identify and select your preference from below at a later stage.					
8.	I wish to make my own arrangements for the burial or cremation of temporarily retained organ(s). If making my own arrangements, I understand that I will be contacted by a member of the team when the post mortem examination is completed and the coroner has released any temporarily retained organs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR					
9.	I wish for the hospital to arrange for the retained organs to be:				
	a) Buried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Cremated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Either burial or cremation (no preference)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR					
10.	I wish for the hospital to arrange for the retained organs to be used for clinical teaching, medical education and / or research. If you select this option, you must complete "Part D Your consent to donate tissues and organs for clinical teaching, medical education and / or research"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

How would you like us to share information with you about the temporary retention of organs if required in this case?

<input type="checkbox"/> Written communication (letter)	<input type="checkbox"/> In person
<input type="checkbox"/> Virtual Communication (online video call)	<input type="checkbox"/> Verbal communication (phone)

Important information about timeframes

The timely and respectful burial or cremation of organs which were temporarily retained for specialist examination is an important component of the post mortem examination process which recognises and acknowledges the continuing dignity of the deceased person.

Please tick <input checked="" type="checkbox"/> yes or no	Yes	No
<p>I understand that if I do not state my wishes for the final burial or cremation of temporarily retained organs, that the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.</p> <p>This will be carried out at least one year after the completion of the post mortem examination report and following regular attempts to contact me.</p>	<input type="checkbox"/>	<input type="checkbox"/>
AND		
<p>I understand that if I do state my wishes for the final burial or cremation of temporarily retained organs; and, if I cannot be contacted when the coroner's investigation has concluded, the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.</p> <p>This will be carried out at least three years after the completion of the coroner's post mortem examination report and following regular attempts to contact me.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination

(signed by a designated person)

Print name _____ Signature _____

Relationship to deceased _____

Date

--	--	--	--	--	--	--	--

 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research

Please note that this form should be adapted based on local arrangements for the donation of tissues or organs for clinical teaching, medical education and / or research and in accordance with the guidance set out in the HSE National Policy for Consent in Health and Social Care Research.

If you would like to donate the tissues or organ(s) for clinical teaching, medical education and / or research, please complete the following section			
If possible, I would like to donate the following for	Tissues	Organs	Detail tissues / organs to be retained
Clinical training and medical education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Research purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional notes:			
			Please tick <input checked="" type="checkbox"/> yes or no
			Yes No
1.	I am not aware that the deceased had objections to their organs or tissues being donated for clinical training, medical education and research.		<input type="checkbox"/> <input type="checkbox"/>
2.	I am not aware that any relative has objections to the deceased's organs or tissues being donated for clinical training, medical education and research.		<input type="checkbox"/> <input type="checkbox"/>
3.	I understand that in all instances, proposals for research will be reviewed and approved by a research ethics committee.		<input type="checkbox"/> <input type="checkbox"/>
			Please tick <input checked="" type="checkbox"/> option 4 or 5 as relevant
			Yes No
4.	<p>Broad Consent</p> <p>(If your service is offering an option on broad consent, this following text should be updated to reflect the available information locally and the guidance* in the HSE National Policy for Consent in Health and Social Care Research related to consent for storage, maintenance, and secondary research use of identifiable personal data or identifiable biological material. In this case, this section of the form should be approved by a research ethics committee to ensure the requirements for broad consent are in alignment with the policy.</p> <p>I would like the tissues and / or organ(s) donated for education and / or training purposes and do not wish to be contacted again about this matter.</p> <p>If the tissue or organs are to be used for research,</p> <p>[insert here broad information about the possibilities, following the guidance* mentioned above]</p> <p>If the tissue or organs are to be used for education and or training, [insert here some information about what maybe the broad possibilities of who, what, when and how the tissue will be used for education and/or training].</p>		<input type="checkbox"/> <input type="checkbox"/>
OR			
5a.	<p>Two stage process for consent</p> <p>(If your service is offering the two stage process for consent, this following text should be updated to reflect the available information locally and the relevant guidance in the HSE National Policy for Consent in Health and Social Care Research.)</p> <p>I understand that if I select yes to the above questions on clinical training, medical education and / or research that the hospital will contact me in approximately twelve weeks to have a further discussion on the potential uses of the tissues / organs.</p>		<input type="checkbox"/> <input type="checkbox"/>
5b.	I understand that after the meeting in twelve weeks time, if I am not happy for the tissues / organs to be used for these purposes that I will have an opportunity to have the tissues / organs returned to me for burial / cremation or for the hospital to arrange this.		<input type="checkbox"/> <input type="checkbox"/>



Part D: Consent donate tissues and organs for clinical teaching, medical education and / or research

(signed by a designated person)

Print name _____ **Signature** _____

Relationship to deceased _____

Date

--	--	--	--	--	--	--	--	--	--

Time _____



Part E: for internal use only

Interpreter's statement (if relevant)

Interpreter Please tick and complete the relevant section(s)	Name	I have interpreted the information about the post mortem examination for the person providing consent and I believe that they understand it. (Please tick ✓ yes or no.)		Date	Time (24 hour clock)	Contact number
		Yes	No			
<input type="checkbox"/> Part A: Contact details	Signature: Print name:	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Part B: Acknowledgement of information received about a coroner's post mortem examination	Signature: Print name:	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination	Signature: Print name:	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research	Signature: Print name:	<input type="checkbox"/>	<input type="checkbox"/>			



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

For the witness - in the case of verbal consent (if relevant in rare circumstances)

Verbal consent Please tick and complete the relevant section(s)	Name - Witness to verbal consent (verbal consent must be witnessed by another member of the multi-disciplinary team)	Professional registration number and job title	Reason why consent was obtained verbally	Date	Time (24 hour clock)	Contact details (Extension / beep)
<input type="checkbox"/> Part A: Contact details	Signature:					
	Print name:					
<input type="checkbox"/> Part B: Acknowledgement of information received about a coroner's post mortem examination	Signature:					
	Print name:					
<input type="checkbox"/> Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination	Signature:					
	Print name:					
<input type="checkbox"/> Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research	Signature:					
	Print name:					



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

Designated healthcare professional confirmation

Please tick and complete the relevant section(s)	Name	Professional registration number and job title	I confirm that I have explained the relevant section to the above person. Please tick ✓ yes or no.		The booklet on coroner's PME has been given to the person above. Please tick ✓ yes or no.		Date	Time (24 hour clock)	Contact number (Extension / beep)
			Yes	No	Yes	No			
<input type="checkbox"/> Part A: Contact details	Signature:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Print name:								
<input type="checkbox"/> Part B: Acknowledgement of information received about a coroner's post mortem examination	Signature:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Print name:								
<input type="checkbox"/> Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination	Signature:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Print name:								
<input type="checkbox"/> Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research	Signature:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Print name:								



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths)

For Pathology Department use only

Please tick yes or no and sign below: **Yes** **No**

I confirm that this form has been completed before undertaking the coroner's directed post mortem examination.

I confirm that I have also received the written confirmation from the coroner to proceed with the PME.

Print name _____

Medical council number

--	--	--	--	--	--	--	--

Signature _____

Time (24 hour clock)

--	--	--	--	--

Job title _____

Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____

Information about this form

Please note that this form is for deaths in a hospital. It is designed to facilitate the family to complete it in stages allowing additional time if required.

Please note that the clinical teaching, medical education and / or research sections may be removed if this is not available in your service.

Who should complete this form?

The family (designated person) should complete the main sections of this form, section A - D.

The designated healthcare professional completing the consenting process, any witnesses to verbal consent, the interpreter and the pathologist complete section E.

The designated healthcare professional is usually the registrar / consultant who is responsible for care of the deceased.

Section E provides for the healthcare professionals and the interpreters (if required) to sign on different lines in cases where the form is completed at different stages and potentially by a different designated person.

Where should this form be stored?

The consent form must be filed as follows:

- kept in the healthcare record of the deceased person [ORIGINAL].
- sent to the mortuary department where the PME is to be carried out [COPY].
- sent to the pathologist [COPY].
- offered to the family [COPY].



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

This form is being shared with you because a person you know has died. We extend our condolences to you. We understand that this may be a difficult time. The information here is being provided to assist and guide you through the post mortem examination process.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

This form is an important record of your conversation with the healthcare professional about a coroner directed post mortem examination. It is also a record of your preferences and consent for the burial or cremation of any organs that need to be temporarily retained as part of the process. It also records your wishes in relation to the use of any organs for clinical teaching, medical education and / or research where possible and if you so wish.

In addition to your conversation with our staff, you will find additional information in our booklet 'A guide to post mortem examination' and on the coroner's website www.coroners.ie.

We want to assure you that your family member will always be treated with care and respect. Please read the following form carefully and ask us if you have any questions.

Part A: Contact details

Contact details	
Addressograph of patient for post mortem examination &	Coroner's details (including district)
Name	Name
Address	Address
Date of birth	
Date of death	
Time of death (24 hour clock)	
Primary consultant	Email
Medical record number (MRN)	Telephone number
<small>It may be helpful to include the addressograph label for mothers of babies for PME also</small>	
Designated person completing form	Secondary contact in the event that the designated person is unavailable
Name	Name
Relationship to deceased	Relationship to deceased
Address	Address
Email	Email
Telephone number	Telephone number



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

Part B: Acknowledgement of information received about a coroner's post mortem examination

I _____ (insert name), have been informed that the coroner has directed a Coroner's Post Mortem Examination to be carried out on: _____.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

Following the conversation with the healthcare professional, I confirm that:

	Please tick <input type="checkbox"/> yes or no	Yes	No
1. I understand that consent is not required for a coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been informed as to the reason why this death was reportable to the coroner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been given information about the coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have been given written information on the role of the coroner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have been informed that it may be necessary to temporarily retain organ(s) for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been informed that tissue samples will be retained for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Acknowledgement of information received about a coroner's post mortem examination (signed by a designated person)

Print name _____ Signature _____
 Relationship to deceased _____
 Date

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 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

Part C: Consent for the management of any organs retained during a coroner's post mortem examination

Your consent for burial or cremation of temporarily retained organs

This section of the form is about organs which may need to be temporarily retained during a coroner's post mortem examination.

Are organs retained in every case?

No. During a coroner's post mortem examination, the organs are temporarily removed and examined. In most cases, the organs are restored to the body before the deceased is returned to the family.

Why are organs temporarily retained?

In some instances, the pathologist may temporarily retain organs for specialist examination to identify the cause of or a contributing factor to death.

How does consent work if organs have to be temporarily retained in a coroner's post mortem examination?

It is helpful to know that in a coroner's post mortem examination:

- Your consent **is not** required to temporarily retain an organ(s) as it is part of the post mortem examination process required by law.
- Your consent **is needed** for the management of temporarily retained organs once the coroner's investigation has been completed. This includes decisions about the burial, cremation or possible donation of the organs for clinical teaching, medical education and / or research.

How will I know if organs are temporarily retained?

Organs are only retained when necessary. If the pathologist needs to retain organs in this case, a person from the hospital or coroner's office will contact you to tell you which organ(s) have been retained.

What happens when the post mortem report is completed?

When the post mortem report is completed, the temporarily retained organs may be returned to you or the hospital for burial or cremation in accordance with your wishes.

The following questions help us understand what is important to you if it is necessary to temporarily retain organs in this case. (You will find more information in the booklet 'A guide to post mortem examination'.)

Please tick yes or no Yes No

7. I do not wish to make a decision about the burial or cremation at this time and wish to be contacted to discuss this again. If possible, please identify a time to speak again	<input type="checkbox"/>	<input type="checkbox"/>
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If selecting option 7 above, please identify and select your preference from below at a later stage.

8. I wish to make my own arrangements for the burial or cremation of temporarily retained organ(s).	<input type="checkbox"/>	<input type="checkbox"/>
If making my own arrangements, I understand that I will be contacted by a member of the team when the post mortem examination is completed and the coroner has released any temporarily retained organs.	<input type="checkbox"/>	<input type="checkbox"/>

OR

9. I wish for the hospital to arrange for the retained organs to be:		
d) Buried	<input type="checkbox"/>	<input type="checkbox"/>
e) Cremated	<input type="checkbox"/>	<input type="checkbox"/>
f) Either burial or cremation (no preference)	<input type="checkbox"/>	<input type="checkbox"/>

OR

10. I wish for the hospital to arrange for the retained organs to be used for clinical teaching, medical education and / or research. If you select this option, you must complete "Part D Your consent to donate tissues and organs for clinical teaching, medical education and / or research"	<input type="checkbox"/>	<input type="checkbox"/>
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Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

How would you like us to share information with you about the temporary retention of organs if required in this case?

<input type="checkbox"/> Written communication (letter)	<input type="checkbox"/> In person
<input type="checkbox"/> Virtual Communication (online video call)	<input type="checkbox"/> Verbal communication (phone)

Important information about timeframes

The timely and respectful burial or cremation of organs which were temporarily retained for specialist examination is an important component of the post mortem examination process which recognises and acknowledges the continuing dignity of the deceased person.

Please tick <input type="checkbox"/> yes or no	Yes	No
<p>I understand that if I do not state my wishes for the final burial or cremation of temporarily retained organs, that the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.</p> <p>This will be carried out at least one year after the completion of the post mortem examination report and following regular attempts to contact me.</p>	<input type="checkbox"/>	<input type="checkbox"/>
AND		
<p>I understand that if I do state my wishes for the final burial or cremation of temporarily retained organs; however, if I cannot be contacted when the coroner's investigation has concluded, the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.</p> <p>This will be carried out at least three years after the completion of the coroner's post mortem examination report and following regular attempts to contact me.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination

(signed by a designated person)

Print name _____ Signature _____

Relationship to deceased _____

Date

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 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research

Please note that this form should be adapted based on local arrangements for the donation of tissues or organs for clinical teaching, medical education and / or research and in accordance with the guidance set out in the HSE National Policy for Consent in Health and Social Care Research.

If you would like to donate the tissues or organ(s) for clinical teaching, medical education and / or research, please complete the following section			
If possible, I would like to donate the following for	Tissues	Organs	Detail tissues / organs to be retained
Clinical training and medical education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Research purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional notes:			
Please tick ✓ yes or no			
1. I am not aware that the deceased had objections to their organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>	
2. I am not aware that any relative has objections to the deceased's organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>	
3. I understand that in all instances, proposals for research will be reviewed and approved by a research ethics committee.	<input type="checkbox"/>	<input type="checkbox"/>	
Please tick ✓ option 4 or 5 as relevant			
4. Broad Consent (If your service is offering an option on broad consent, this following text should be updated to reflect the available information locally and the guidance* in the HSE National Policy for Consent in Health and Social Care Research related to consent for storage, maintenance, and secondary research use of identifiable personal data or identifiable biological material. In this case, this section of the form should be approved by a research ethics committee to ensure the requirements for broad consent are in alignment with the policy. I would like the tissues and / or organ(s) donated for education and / or training purposes and do not wish to be contacted again about this matter. If the tissue or organs are to be used for research, [insert here broad information about the possibilities, following the guidance* mentioned above] If the tissue or organs are to be used for education and or training, [insert here some information about what maybe the broad possibilities of who, what, when and how the tissue will be used for education and/or training].	<input type="checkbox"/>	<input type="checkbox"/>	
OR			
5a. Two stage process for consent (If your service is offering the two stage process for consent, this following text should be updated to reflect the available information locally and the relevant guidance in the HSE National Policy for Consent in Health and Social Care Research.) I understand that if I select yes to the above questions on clinical training, medical education and / or research that the hospital will contact me in approximately twelve weeks to have a further discussion on the potential uses of the tissues / organs.	<input type="checkbox"/>	<input type="checkbox"/>	
5b. I understand that after the meeting in twelve weeks time, if I am not happy for the tissues / organs to be used for these purposes that I will have an opportunity to have the tissues / organs returned to me for burial / cremation or for the hospital to arrange this.	<input type="checkbox"/>	<input type="checkbox"/>	



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (for hospital deaths - short form)

Part D: Consent to donate tissues and organs for clinical teaching, medical education and / or research (from a designated person)

Print name _____ Signature _____

Relationship to deceased _____

Date

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 Time _____

Part E: For internal use only

Interpreter's statement (if relevant)

I have interpreted the information about the post mortem examination for the person providing consent and I believe that they understand it.

Print name _____ Contact number

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Signature _____ Date

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 Time

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For the witness - in the case of verbal consent (if relevant in rare circumstances)

Reason why consent was obtained verbally: _____

Witness to verbal consent (verbal consent must be witnessed by another member of the multi-disciplinary team)

Print name _____ Professional registration no.

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Signature _____ Time (24 hour clock)

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Job title _____ Date

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Contact details (extension / bleep) _____

Designated healthcare professional confirmation

Please select yes or no and sign below: Yes No

I confirm that I have explained the coroner's PME, the options available in the case of the temporary retention of organ(s) and the section on clinical teaching, medical education and /or research and timelines to the above person. Yes No

AND

The booklet on coroner's PME has been given to the person above. Yes No

Print name _____ Professional registration no.

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Signature _____ Time (24 hour clock)

--	--	--	--

Job title _____ Date

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Contact details (extension / bleep) _____

For Pathology Department use only

Please tick v yes or no and sign below: Yes No

I confirm that this form has been completed before undertaking the coroner's directed post mortem examination. Yes No

I confirm that I have also received the written confirmation from the coroner to proceed with the PME. Yes No

Print name _____ Medical council number

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Signature _____ Time (24 hour clock)

--	--	--	--

Job title _____ Date

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Contact details (extension / bleep) _____



Information about this form

Please note that this form is for deaths in a hospital.

Please note that this form is designed to facilitate the family in cases where they do not wish to avail of additional time to consider options.

Please note that the clinical teaching, medical education and / or research sections may be removed if this is not available in your service.

Who should complete this form?

The family (designated person) should complete the main sections of this form, section A - D.

The designated healthcare professional completing the consenting process, any witnesses to verbal consent, the interpreter and the pathologist should complete section E.

The designated healthcare professional is usually the registrar / consultant who is responsible for care of the deceased.

Where should this form be stored?

The consent form must be filed as follows:

- kept in the healthcare record of the deceased person [ORIGINAL].
- sent to the mortuary department where the PME is to be carried out [COPY].
- sent to the pathologist [COPY].
- offered to the family [COPY].



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

This form is being shared with you because a person you know has died. We extend our condolences to you. We understand that this may be a difficult time. The information here is being provided to assist and guide you through the post mortem examination process.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

This form is an important record of your conversation about a coroner directed post mortem examination. It is also a record of your preferences and consent for the burial or cremation of any organs that need to be temporarily retained as part of the process. It also records your wishes in relation to the use of any organs for clinical teaching, medical education and / or research where possible and if you so wish.

In addition to your conversation with our staff, you will find additional information in our booklet 'A guide to post mortem examination' and on the coroner's website www.coroners.ie.

We want to assure you that your family member will always be treated with care and respect. Please read the following form carefully and ask us if you have any questions.

Part A: Contact details

Contact details											
Addressograph of patient for post mortem examination &						Coroner's details (including district)					
Name						Name					
Address						Address					
Date of birth											
Date of death											
Time of death (24 hour clock)											
Primary consultant						Email					
Medical record number (MRN)						Telephone number					
<small>It may be helpful to include the addressograph label for mothers of babies for PME also</small>											
Designated person completing form						Secondary contact in the event that the designated person is unavailable					
Name						Name					
Relationship to deceased						Relationship to deceased					
Address						Address					
Email						Email					
Telephone number						Telephone number					



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

Part B: Acknowledgement of information received about a coroner's post mortem examination

I _____ (insert name), have been informed that the coroner has directed a Coroner's Post Mortem Examination to be carried out on: _____.

Under Irish law, any sudden, unexplained, or unnatural death must be reported to the local coroner. The Coroners Act 1962 - 2020 includes a detailed list of deaths where the coroner may direct a post mortem examination (PME) to be carried out. This death is being referred to the coroner as it is included in this list.

I confirm I have had a conversation about the post mortem examination process with (please select)

- general practitioner
 ambulance personnel
 a member of An Garda Síochána
 coroner's office
 other (please specify) _____

OR

I confirm that the designated healthcare professional has explained the process to me and I confirm that:

	Please tick ✓ yes or no	
	Yes	No
1. I understand that consent is not required for a coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been informed as to the reason why this death was reportable to the coroner.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been given information about the coroner's post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have been given written information on the role of the coroner.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have been informed that it may be necessary to temporarily retain organ(s) for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been informed that tissue samples will be retained for detailed laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Acknowledgement of information received about a coroner's post mortem examination (signed by a designated person)

Print name _____ Signature _____
 Relationship to deceased _____
 Date

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 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination

Your consent for burial or cremation of temporarily retained organs

This section of the form is about organs which may need to be temporarily retained during a coroner's post mortem examination.

Are organs retained in every case?

No. During a coroner's post mortem examination, the organs are temporarily removed and examined. In most cases, the organs are restored to the body before the deceased is returned to the family.

Why are organs temporarily retained?

In some instances, the pathologist may temporarily retain organs for specialist examination to identify the cause of or a contributing factor to death.

How does consent work if organs have to be temporarily retained in a coroner's post mortem examination?

It is helpful to know that in a coroner's post mortem examination:

- Your consent **is not** required to temporarily retain an organ(s) as it is part of the post mortem examination process required by law.
- Your consent **is needed** for the management of temporarily retained organs once the coroner's investigation has been completed. This includes decisions about the burial, cremation or possible donation of the organs for clinical teaching, medical education and / or research.

How will I know if organs are temporarily retained?

Organs are only retained when necessary. If the pathologist needs to retain organs in this case, a person from the hospital or coroner's office will contact you to tell you which organ(s) have been retained.

What happens when the post mortem report is completed?

When the post mortem report is completed, the temporarily retained organs may be returned to you or the hospital for burial or cremation in accordance with your wishes.

The following questions help us understand what is important to you if it is necessary to temporarily retain organs in this case. (You will find more information in the booklet 'A guide to post mortem examination'.)

		Please tick ✓ yes or no	
		Yes	No
7.	I do not wish to make a decision about the burial or cremation at this time and wish to be contacted to discuss this again. If possible, please identify a time to speak again	<input type="checkbox"/>	<input type="checkbox"/>
If selecting option 7 above, please identify and select your preference from below at a later stage.			
8.	I wish to make my own arrangements for the burial or cremation of temporarily retained organ(s). If making my own arrangements, I understand that I will be contacted by a member of the team when the post mortem examination is completed and the coroner has released any temporarily retained organs.	<input type="checkbox"/>	<input type="checkbox"/>
OR			
9.	I wish for the hospital to arrange for the retained organs to be:		
	g) Buried	<input type="checkbox"/>	<input type="checkbox"/>
	h) Cremated	<input type="checkbox"/>	<input type="checkbox"/>
	i) Either burial or cremation (no preference)	<input type="checkbox"/>	<input type="checkbox"/>
OR			
10.	I wish for the hospital to arrange for the retained organs to be used for clinical teaching, medical education and / or research. If you select this option, you must complete "Part D Your consent to donate tissues and organs for clinical teaching, medical education and / or research"	<input type="checkbox"/>	<input type="checkbox"/>



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

How would you like us to share information with you about the temporary retention of organs if required in this case?

<input type="checkbox"/> Written communication (letter)	<input type="checkbox"/> In person
<input type="checkbox"/> Virtual Communication (online video call)	<input type="checkbox"/> Verbal communication (phone)

Important information about timeframes

The timely and respectful burial or cremation of organs which were temporarily retained for specialist examination is an important component of the post mortem examination process which recognises and acknowledges the continuing dignity of the deceased person.

Please tick yes or no Yes No

I understand that if I **do not state** my wishes for the final burial or cremation of temporarily retained organs, that the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

This will be carried out at least **one year** after the completion of the post mortem examination report and following regular attempts to contact me.

AND

I understand that if I **do state** my wishes for the final burial or cremation of temporarily retained organs; however, **if I cannot be contacted** when the coroner's investigation has concluded, the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

This will be carried out at least **three years** after the completion of the coroner's post mortem examination report and following regular attempts to contact me.

Part C: Consent for the management of any organs temporarily retained during a coroner's post mortem examination

(signed by a designated person)

Print name _____ Signature _____

Relationship to deceased _____

Date

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 Time _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

Part D: Consent to donate tissues and organs for clinical teaching, medical education and /or research

Please note that this form should be adapted based on local arrangements for the donation of tissues or organs for clinical teaching, medical education and / or research and in accordance with the guidance set out in the HSE National Policy for Consent in Health and Social Care Research.

If you would like to donate the tissues or organ(s) for clinical teaching, medical education and / or research, please complete the following section			
If possible, I would like to donate the following for	Tissues	Organs	Detail tissues / organs to be retained
Clinical training and medical education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Research purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional notes:			
Please tick <input checked="" type="checkbox"/> yes or no			
1. I am not aware that the deceased had objections to their organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>	
2. I am not aware of that any relative has objections to the deceased's organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>	
3. I understand that in all instances, proposals for research will be reviewed and approved by a research ethics committee.	<input type="checkbox"/>	<input type="checkbox"/>	
Please tick <input checked="" type="checkbox"/> option 4 or 5 as relevant			
4. Broad Consent (If your service is offering an option on broad consent, this following text should be updated to reflect the available information locally and the guidance* in the HSE National Policy for Consent in Health and Social Care Research related to consent for storage, maintenance, and secondary research use of identifiable personal data or identifiable biological material. In this case, this section of the form should be approved by a research ethics committee to ensure the requirements for broad consent are in alignment with the policy.) I would like the tissues and / or organ(s) donated for education and / or training purposes and do not wish to be contacted again about this matter. If the tissue or organs are to be used for research, [insert here broad information about the possibilities, following the guidance* mentioned above] If the tissue or organs are to be used for education and or training, [insert here some information about what maybe the broad possibilities of who, what, when and how the tissue will be used for education and/or training].	<input type="checkbox"/>	<input type="checkbox"/>	
OR			
5a. Two stage process for consent (If your service is offering the two stage process for consent, this following text should be updated to reflect the available information locally and the relevant guidance in the HSE National Policy for Consent in Health and Social Care Research.) I understand that if I select yes to the above questions on clinical training, medical education and / or research that the hospital will contact me in approximately twelve weeks to have a further discussion on the potential uses of the tissues / organs.	<input type="checkbox"/>	<input type="checkbox"/>	
5b. I understand that after the meeting in twelve weeks time, if I am not happy for the tissues / organs to be used for these purposes that I will have an opportunity to have the tissues / organs returned to me for burial / cremation or for the hospital to arrange this.	<input type="checkbox"/>	<input type="checkbox"/>	



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

Part D: Consent to donate tissues and organs for clinical teaching, medical education and /or research (from a designated person)

Print name _____ Signature _____
 Relationship to deceased _____
 Date

--	--	--	--	--	--	--	--

 Time _____

Part E: For internal use only

Interpreter's statement (if relevant)

I have interpreted the information about the post mortem examination for the person providing consent and I believe that they understand it.

Print name _____ Contact number

--	--	--	--	--	--	--	--	--	--

 Signature _____ Date

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 Time

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For the witness - in the case of verbal consent (if relevant in rare circumstances)

Reason why consent was obtained verbally:

Witness to verbal consent (verbal consent must be witnessed by another member of the multi-disciplinary team)

Print name _____ Professional registration no.

--	--	--	--	--	--	--	--

 Signature _____ Time (24 hour clock)

--	--	--	--

 Job title _____ Date

--	--	--	--	--	--	--	--

 Contact details (extension / bleep) _____

Designated healthcare professional confirmation

Please tick yes or no Yes No

I confirm that the designated person has advised that they have spoken to a professional about the coroner's PME. Yes No

If the person has not spoken to another professional about the coroner's PME, I have explained this information to them. Yes No

I have explained the options available in the case of the temporary retention of organ(s) Yes No

I have explained the section on clinical teaching, medical education and / or research and timelines to the above person if relevant. Yes No

AND

The booklet on coroner's PME has been given to the person above. Yes No

Print name _____ Professional registration no.

--	--	--	--	--	--	--	--

 Signature _____ Time (24 hour clock)

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 Job title _____ Date

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 Contact details (extension / bleep) _____



Form 3: Acknowledgement of information received and consent form for the management of any organs temporarily retained in a coroner's post mortem examination (community deaths)

For Pathology Department use only

Please tick yes or no and sign below: **Yes** **No**

I confirm that this form has been completed before undertaking the coroner's directed post mortem examination.

I confirm that I have also received the written confirmation from the coroner to proceed with the PME.

Print name _____

Medical council number

Signature _____

Time (24 hour clock)

Job title _____

Date

Contact details (extension / bleep) _____

Information about this form

Please note that this form is for deaths in the community.

Please note that the clinical teaching, medical education and / or research sections may be removed if this is not available in your service.

Who should complete this form?

The family (designated person) should complete section A to D of this form.

The designated healthcare professional will assist the individual to complete this form and including section A (which includes details of the MRN etc.). The designated healthcare professional should have the appropriate training and understanding to undertake this discussion.

In addition the following people also sign the form, the designated healthcare professional completing the consenting process, any witnesses to verbal consent, the interpreter and the pathologist.

Where should this form be stored?

The consent form must be filed as follows:

- kept in the healthcare record of the deceased person [ORIGINAL].
- sent to the mortuary department where the PME is to be carried out [COPY].
- sent to the pathologist [COPY].
- offered to the family [COPY].



Form 4: Consent form for a hospital post mortem examination

(also known as a consented or non-coronial PME)

This form is being shared with you because a person you know has died and they, you or the medical personnel requested or recommended a post mortem examination. We extend our condolences to you. We understand that this may be a difficult time and the information here is being provided to assist and guide you through the post mortem examination process.

This form is an important record of your conversation with the healthcare professional about a hospital post mortem examination. It is also a record of your preferences and consent for the burial or cremation of any organs that need to be temporarily retained as part of the process. It also records your wishes in relation to the use of any organs for clinical teaching, medical education and / or research where possible and if you so wish. In addition to your conversation with our staff, you will find additional information in our booklet 'A guide to post mortem examination'.

We want to assure you that your family member will always be treated with care and respect. Please read the following form carefully and ask us if you have any questions.

Part A: Contact details

Addressograph of patient for post mortem examination and

Name

Address

Date of birth

Date of death

Time of death (24 hour clock)

Primary consultant

Medical record number (MRN)

It may be helpful to include the addressograph label for mothers of babies for PME also

Designated person completing consent form

Name

Relationship to deceased

Address

Email

Telephone number

Secondary contact in the event that the designated person is unavailable

Name

Relationship to deceased

Address

Email

Telephone number



Form 4: Consent form for a hospital post mortem examination (also known as a consented or non-coronial PME)

Part B: Acknowledgement of information received in a hospital post mortem examination

		Please tick <input type="checkbox"/> yes or no	Yes	No
1.	I confirm that through a process of discussion, I have been provided with information about what is involved in a hospital post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I confirm that any questions I had about the hospital post mortem examination have been answered to my satisfaction and understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I understand that a hospital post mortem examination usually involves the retention of small samples of tissue and /or fluids, for diagnostic purposes and they are kept as part of the medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I understand that this post mortem examination is not a mandatory procedure and I may choose not to consent to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I understand that I may give consent for a full, limited or external hospital post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I understand that a limited or external hospital post mortem may reduce the information available from the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Consent and the hospital post mortem examination

Your consent to use visual media

		Please tick <input type="checkbox"/> yes or no	Yes	No
7.	I understand that visual media (example medical photography, radiological images) may be taken and used as part of the hospital PME process and become part of the PME record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	I do not consent visual media being taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR				
b.	I consent visual media being taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your consent for post mortem examination

		Please tick <input type="checkbox"/> yes or no	Yes	No
8.	I consent to a complete hospital post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR				
9.	I consent to a limited hospital post mortem examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If limiting a post mortem examination, please circle areas below that you want to have examined.				
Head Chest Abdomen Other (please specify) _____				
If biopsy only, please specify area to be targeted _____				
OR				
10.	I consent to an external hospital post mortem examination only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Form 4: Consent form for a hospital post mortem examination (also known as a consented or non-coronial PME)

Your consent for the temporary retention of organs for more detailed examination

This section of the form is about organs which may need to be temporarily retained during a hospital post mortem examination. You will find more information in the booklet 'A guide to post mortem examination'.

Are organs retained in every case? No. During a hospital post mortem examination, the organs are temporarily removed and examined. In most cases, the organs are restored to the body before the deceased is returned to the family.

Why are organs temporarily retained? In some instances, the pathologist may temporarily retain organs for specialist examination to answer specific clinical or family questions.

How will I know if organs are temporarily retained in this case? Organs are only temporarily retained with your consent.

What happens when the post mortem report is completed? Following the post mortem examination process, the temporarily retained organs may be returned to you or the hospital for burial or cremation in accordance with your wishes.

The following questions help us understand your wishes, if it is necessary to temporarily retain organs in this case.

	Please tick ✓ yes or no	Yes	No
11. I consent to the temporary retention of organ(s) for detailed examination.		<input type="checkbox"/>	<input type="checkbox"/>
OR			
12. I consent to the temporary retention of organ(s) for detailed examination EXCEPT for the following organs. Please specify:		<input type="checkbox"/>	<input type="checkbox"/>
OR			
13. Not applicable (in the case of external only examination). (Select yes if not applicable.)		<input type="checkbox"/>	<input type="checkbox"/>

Your consent for burial or cremation of temporarily retained organs

Following completion of detailed laboratory examination of temporarily retained organ(s), there are a number of options in relation to the burial or cremation of the organ(s). Please select one of the following options. Please note this section is not applicable if you requested an external examination only.

	Please tick ✓ yes or no	Yes	No
14. I do not wish to make a decision about the burial or cremation at this time and wish to be contacted to discuss this again. If possible, please identify a time to speak again _____		<input type="checkbox"/>	<input type="checkbox"/>
If selecting option 14 above, please identify and select your preference from below at a later stage			
15. I wish to make my own arrangements for the burial or cremation of temporarily retained organ(s).		<input type="checkbox"/>	<input type="checkbox"/>
If making my own arrangements, I understand that I will be contacted by a member of the team when the examination is completed.		<input type="checkbox"/>	<input type="checkbox"/>
OR			
16. I wish for the hospital to arrange for the retained organs to be:			
b) Buried		<input type="checkbox"/>	<input type="checkbox"/>
c) Cremated		<input type="checkbox"/>	<input type="checkbox"/>
d) Either burial or cremation (no preference)		<input type="checkbox"/>	<input type="checkbox"/>
OR			
17. I wish for the hospital to arrange for the retained organs to be used for clinical teaching, medical education and / or research. If you select this option, you must complete "Part D Your consent to donate tissues and organs for clinical teaching, medical education and / or research"			



Form 4: Consent form for a hospital post mortem examination
(also known as a consented or non-coronial PME)

Important information about timeframes

The timely and respectful burial or cremation of organs which were temporarily retained for specialist examination is an important component of the post mortem examination process which recognises and acknowledges the continuing dignity of the deceased person.

Please tick yes or no Yes No

I understand that if I **do not state** my wishes for the final burial or cremation of temporarily retained organs, that the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.

This will be carried out at least **one year** after the completion of post mortem examination report and following regular attempts to contact me.

AND

I understand that if I **do state** my wishes for the final burial or cremation of temporarily retained organs; however, **if I cannot be contacted** when the post mortem examination report has concluded, the healthcare facility will arrange for the burial or cremation of them in line with the hospital procedure.

This will be carried out at least **three years** after the completion of the post mortem examination report and following regular attempts to contact me.

How would you like us to share information with you about the temporary retention of organs if required in this case?

Written communication (letter)

In person

Virtual Communication (online video call)

Verbal communication (phone)

Any variations, exceptions and special concerns



Form 4: Consent form for a hospital post mortem examination (also known as a consented or non-coronial PME)

Part D: Your consent to donate tissues and organs for clinical teaching, medical education and / or research

Please note that this form should be adapted based on local arrangements for the donation of tissues or organs for clinical teaching, medical education and / or research and in accordance with the guidance set out in the HSE National Policy for Consent in Health and Social Care Research.

If you would like to donate the tissues or organ(s) for clinical teaching, medical education and / or research, please complete the following section

If possible, I would like to donate the following for	Tissues	Organs	Detail tissues / organs to be retained
Clinical training and medical education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Research purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional notes:

Please tick yes or no Yes No

5. I am not aware that the deceased had objections to their organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>
6. I am not aware of that any relative has objections to the deceased's organs or tissues being donated for clinical training, medical education and research.	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that in all instances, proposals for research will be reviewed and approved by a research ethics committee.	<input type="checkbox"/>	<input type="checkbox"/>

Please tick option 4 or 5 as relevant Yes No

<p>8. Broad Consent (If your service is offering an option on broad consent, this following text should be updated to reflect the available information locally and the guidance* in the HSE National Policy for Consent in Health and Social Care Research related to consent for storage, maintenance, and secondary research use of identifiable personal data or identifiable biological material. In this case, this section of the form should be approved by a research ethics committee to ensure the requirements for broad consent are in alignment with the policy.</p> <p>I would like the tissues and / or organ(s) donated for education and / or training purposes and do not wish to be contacted again about this matter. If the tissue or organs are to be used for research, [insert here broad information about the possibilities, following the guidance* mentioned above]</p> <p>If the tissue or organs are to be used for education and or training, [insert here some information about what maybe the broad possibilities of who, what, when and how the tissue will be used for education and/or training].</p>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

OR

<p>5a. Two stage process for consent (If your service is offering the two stage process for consent, this following text should be updated to reflect the available information locally and the relevant guidance in the HSE National Policy for Consent in Health and Social Care Research.)</p> <p>I understand that if I select yes to the above questions on clinical training, medical education and / or research that the hospital will contact me in approximately twelve weeks to have a further discussion on the potential uses of the tissues / organs.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5b. I understand that after the meeting in twelve weeks time, if I am not happy for the tissues / organs to be used for these purposes that I will have an opportunity to have the tissues / organs returned to me for burial / cremation or for the hospital to arrange this.</p>	<input type="checkbox"/>	<input type="checkbox"/>



Form 4: Consent form for a hospital post mortem examination

(also known as a consented or non-coronial PME)

Consent (from a designated person)

Before signing, please confirm that each of the above boxes has been completed.

Print name _____ Signature _____

Relationship to deceased _____

Date

--	--	--	--	--	--	--	--

 Time

--	--	--	--

Designated healthcare professional confirmation

(Consent taker's statements - to be completed and signed in front of family)

	Please tick ✓ yes or no	
	Yes	No
I have read the written information offered to the family.	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the family has/have sufficient understanding of a post mortem examination and (if applicable) the options for burial or cremation to give valid consent and the options around clinical teaching, medical education and research. I have also given them a copy of the booklet.	<input type="checkbox"/>	<input type="checkbox"/>
I have recorded any variations, exceptions and special concerns.	<input type="checkbox"/>	<input type="checkbox"/>
I have checked that all sections have been completed with a tick in each area.	<input type="checkbox"/>	<input type="checkbox"/>

Cause of death

Question(s) to be answered by the PME

Print name _____ Professional registration no.

--	--	--	--	--	--	--	--

(if applicable)

Signature _____ Time (24 hour clock)

--	--	--	--

Job title _____ Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____

Interpreter's statement (if relevant)

I have interpreted the information about the post mortem examination for the person providing consent and I believe that they understand it.

Print name _____ Contact number

--	--	--	--	--	--	--	--	--	--

Signature _____ Date

--	--	--	--	--	--	--	--

 Time

--	--	--	--



Form 4: Consent form for a hospital post mortem examination (also known as a consented or non-coronial PME)

For the witness - in the case of verbal consent (if relevant in rare circumstances)

Reason why consent was obtained verbally: _____

Witness to verbal consent (verbal consent must be witnessed by another member of the multi-disciplinary team)

Print name _____ Professional registration no.

--	--	--	--	--	--	--	--

Signature _____ Time (24 hour clock)

--	--	--	--

Job title _____ Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____

For Pathology Department use only

Please tick v

I confirm that I have reviewed this consent form before undertaking the hospital post mortem examination. Yes No

Print name _____ Medical council number

--	--	--	--	--	--	--	--

Signature _____ Time (24 hour clock)

--	--	--	--

Job title _____ Date

--	--	--	--	--	--	--	--

Contact details (extension / bleep) _____

Information about this form

Please note that this form is for deaths in hospital.

Please note that the clinical teaching, medical education and / or research sections may be removed if this is not available in your service.

Who should complete this form?

The family (designated person) should complete section A to D of this form.

The designated healthcare professional will assist the individual to complete this form and including section A (which includes details of the MRN etc.). The designated healthcare professional should have the appropriate training and understanding to undertake this discussion.

In addition the following people also sign the form - the designated healthcare professional completing the consenting process, any witnesses to verbal consent, the interpreter and the pathologist.

The designated healthcare professional is usually the registrar / consultant who is responsible for care of the deceased.

Where should this form be stored?

The consent form must be filed as follows:

- kept in the healthcare record of the deceased person [ORIGINAL].
- sent to the mortuary department where the PME is to be carried out [COPY]
- sent to the pathologist [COPY].
- offered to the family [COPY].

In collaboration with those leading clinical teaching, medical education and /or research, hospitals may develop their own forms for cases where an individual wants to give consent while alive (pre mortem) for their body / tissues or organs to be donated for clinical teaching, medical education and /or research purposes.

General information on research

Consent for research should be completed in accordance with the HSE National Policy for Consent for Health and Social Care Research (2022).

Both consent and approval by an appropriate REC are required for the use of biological material for research purposes following the death of the individual. The research purpose and relevant information leaflets/material, consent forms, and any other pertinent material should be approved by a relevant REC before use.

General information on clinical teaching / medical education

Any such forms should be developed having given the relevant consideration to the:

- HSE National Policy for Consent for Health and Social Care Research (2022)
- HSE National Consent Policy (2022)
- Relevant legislation and recommended practice in place at that time.

Forms should also consider:

1. The need to distinguish between first person/third person (family member) consent for clinical teaching or medical education on a person's body/tissues following death and legislative requirements in particular under the Anatomy Act 1832.
2. The provision of comprehensive information including where available:
 - a. The specific use envisaged (insofar as this is possible).
 - b. Where and by whom clinical teaching / medical education will be completed.
 - c. Tissues / organs which are used for clinical teaching or medical education should be appropriately prepared and anonymised or pseudonymised so that the identity of the deceased person will not be disclosed. In some instances, the individual will indicate that they would prefer that tissues / organs were not anonymised and /or in cases of rare disease it may not be possible to fully anonymise tissues / organs.
 - d. In the event of a family providing consent for organ retention for clinical teaching or medical education it is not the practice to return the retained organ to them at a later date. This is because these organs are:
 - usually anonymised so identification would be difficult, and
 - often used over an extended period of time and so a considerable amount of time may pass prior to completion of their use in this context.
 - e. The organ(s) will be buried or cremated of in a respectful and dignified manner in line with these guidelines on completion of any educational use. The facility involved in the burial or cremation of the organ(s) should maintain a full record of the process.
 - f. In a very small number of cases, the organ(s) may be used as medical museum specimens for teaching purposes.



Form 6: Request from pathologist to crematorium for cremation of organs in the absence of ongoing family contact

Contact details

Details of deceased		Name of Crematorium	
Name		Name	
Address		Address	
Date of birth		Email	
Date of death		Telephone number	

To be complete by the pathologist

Please tick ✓

I confirm that the organs pertaining to the above named are being provided for cremation in accordance with the HSE National Clinical Guidelines for Post Mortem Examination Services. Yes No

Print name _____

Signature _____

Job title _____

Contact details (extension / bleep) _____

Medical council number

Time (24 hour clock)

Date

A copy of this form should be stored on the healthcare record and the relevant registers updated.

Page 1 of 1

Information about this form

Who should complete this form? The pathologist should complete this form as necessary.

Where should this form be stored? The original form must be filed as follows:

- kept in the healthcare record of the deceased person [ORIGINAL].
- with the pathologist [COPY].
- offered to the family [COPY].



Form 7: Post mortem examination or specialist examination transform and receiving form

Contact details	
Name of referring hospital	Name of receiving hospital
Name of pathologist or APT or mortuary porter <small>(please circle role)</small>	Name of pathologist or APT or mortuary porter <small>(please circle role)</small>
Telephone:	Telephone:
Address	Address

Details of deceased	Details of referral <small>(please include organ type and number)</small>
Name (or addressograph)	
Address	
Date of birth	
Date of death	
Time of death (24 hour clock)	
Primary consultant	
Medical record number (MRN)	
PME number	
Type of PME: Coroner's PME <input type="checkbox"/> Hospital PME <input type="checkbox"/>	Confirmed by: <input type="checkbox"/> Referring site: <input type="checkbox"/> Receiving site: <input type="checkbox"/>

Referring personnel Sent	To be completed by persons making and receiving the referral Please tick yes or no				Receiving personnel Noted
Yes	No	The following section will be primarily completed by the referring hospital. The receiving hospital may note confirmation of the relevant materials.		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	List of belongings accompanying the body (clothing, jewellery, keepsakes etc.) <small>(Please note this section does not apply to the transfer of organs or tissues only.)</small>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Reason for referral					



Form 7: Post mortem examination or specialist examination transfer form and receiving form

Referring personnel Sent		To be completed by persons making and receiving the referral (CONTINUED) Please tick yes or no	Receiving personnel Noted	
Yes	No	The following section will be primarily completed by the referring hospital. The receiving hospital may note confirmation of the relevant materials.	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	I confirm that the following forms (as relevant) have been completed and a copy of those selected below are included with the transfer documents:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Form for clinicians to report death to coroner and request for coroner's authorisation for Post Mortem Examination Acknowledgement of information received and consent form for the management of any organs retained temporarily in a Coroner's Post Mortem Examination Consent form for hospital post mortem examination 	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	I confirm that a copy of the relevant medical notes have been enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	I confirm that the burial / cremation of any temporarily retained organs should be:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a) Managed as per the consent forms provided	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b) Returned to the referring hospital for management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	I confirm that bereavement support has been discussed and is to be provided by the:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a) referring hospital	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b) receiving hospital	<input type="checkbox"/>	<input type="checkbox"/>
Name bereavement support liaison (print name):				
Email address:		Telephone number:	<input type="text"/>	<input type="text"/>
Location:				

REFERRING HOSPITAL: To be signed by persons making the referral

Date of sending

Time of sending

Print name _____ Professional registration no.
(if applicable)

Signature _____ Time

Job title _____ Date

Contact details (extension / bleep) _____

RECEIVING HOSPITAL: To be signed by persons receiving the referral

Date of receipt

Time of receipt

Print name _____ Professional registration no.
(if applicable)

Signature _____ Date

Job title _____ Time

Contact details (extension / bleep)

Examination to be performed whilst in the establishment's care _____

Blocks taken for histology Yes: No: Audio / visual media Yes: No: If yes, please specify _____



Action on conclusion of examination (s)

Print name _____ Professional registration no. _____
(if applicable)

Signature _____ **Prepared by** Date _____ Time _____

Job title _____ Contact details _____
(extension / bleep)

Print name _____ Professional registration no. _____
(if applicable)

Signature _____ **Witnessed by** Date _____ Time _____

Job title _____ Contact details _____
(extension / bleep)

Organs as per original list on page one or amended . If different, please specify.

For return to original site: Date of transfer _____ Returned to: _____

For transfer to another site: Date of transfer _____ Sent to: _____

For burial / cremation as per consent form: Date _____ Time: _____

Burial: or Cremation: Arranged by: _____

Place: _____ Completed by: _____

Information about this form

Who should complete this form? The designated healthcare professional involved in the transfer (sending and receiving and potentially the subsequent return) of tissue / organs etc.

Where should this form be stored? The original form should be saved with the mortuary files in the originating hospital.



Form 8: Child post mortem examination task list

	NO.	TASKS	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
NURSING STAFF	1.	Parents/guardians are informed of child's death and offered comfort and support	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	2.	When a child dies in hospital the following persons should be informed (please note this section is for all child deaths):				
		Nursing to Inform:	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
		Team Registrar / Reg on call / Consultant	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Chaplain / other religious ministry	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Divisional Nurse Manager / Site Manager	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Medical Social Work	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Porter's desk / Security	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Clinical Nurse Specialist (CNS)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Anatomical Pathology Technician (APT) Bleep (719)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Parents/Guardians Accommodation	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		PHN (document name and contact details)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Community Care Services (if applicable)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Others (e.g. Dietitian, SLT, Interpreter)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Community Synagis (Palivizumab) Nurse in relevant community area	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Complete pre-printed 'Medical Records Notification of Death of a Patient' for all deaths and forward to the Healthcare Records Department	Y <input type="checkbox"/> N/A <input type="checkbox"/>				
MEDICAL STAFF		Medical Staff to:	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
		Confirm child's death and document in the Healthcare Record	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Inform Consultant of child's death	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Refer to local process Consultant contacts the Coroner, if deemed appropriate or legal requirement, to discuss the circumstances of the death.	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Consultant contacts Histopathologist on call via hospital switch, if Post Mortem Examination (PME) required	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Consultant informs APT/Chaplain on call of decision for PME and discussion with Histopathologist	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Notify Mortuary Staff of any known risks or infections	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Inform referring hospital of child's death	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Inform GP of child's death	Y <input type="checkbox"/> N/A <input type="checkbox"/>				



Form 8: Child post mortem examination task list

	Complete and sign the 'National Child Death Register' (for all child deaths) and forward to the National Paediatric Mortality Register (NPMR) in npmr@noca.ie .	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	The following white pre-printed form can only be completed where there is <u>NO</u> requirement for PME: 'Death Notification Form Incorporating Medical Certificate Of The Cause Of Death' (legal document)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
MEDICAL STAFF	3. CORONERS POST-MORTEM EXAMINATION (PME)	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
	Inform parents/guardians re: a. Possibility of organ retention b. Block and slides will be retained (show example of block)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Provide parents/guardians with booklet 'Guide to the Work of the Coroner'	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Document information given to parents/guardians in the Healthcare Record	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Inform Social Work Team of information given to parents/guardians and document in the Healthcare Record	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Inform Gardaí	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Formal identification of deceased child	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	If completed by Gardaí, document Gardaí Name, ID number and Station in the Healthcare Record	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Sign 'Acknowledgement of information received and consent form for the management of any organs retained temporarily in a Coroner's Post Mortem Examination' and give copy to parents/guardians <u>Note:</u> This is required in all cases of transfer	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	SEE SECTION 4				



Form 8: Child post mortem examination task list

		HOSPITAL POST-MORTEM EXAMINATION (PME)	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
		Discuss need for Hospital PME with parents/guardians	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Provide parents/guardians with copy of booklet 'Hospital Post-Mortem Examination'.	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Inform parents/guardians re: c. Possibility of organ retention d. Block and slides will be retained (show example of block)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Take Consent for Hospital PME (full / limited) including retention of organs and slides (show example of same)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Complete and Sign 'Consent Form for Hospital PME' in triplicate and give copy to parents/guardians Note: Child cannot be transferred to CHI at Crumlin for PME without this form	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Consultant contacts Histopathologist on call	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		APT informed	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Interpreter contacted if required	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Inform Social Work Team of information given to parents/guardians and document in Healthcare Record	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		SEE SECTION 4 Identify deceased child to member of Pathology staff e.g. APT - date, time, signatures	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		NO PME SEE SECTION 4				
NURSING STAFF	4.	TRANSFER TO MORTUARY	YES / N/A	DATE	COMMENT	SIGNATURE & GRADE
		Remove drips, drains etc. if permitted (if NOT for Coroner's PME)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Wash and dress child (parents/guardians may wish to participate) (if NOT for Coroner's PME)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Ask parents/guardians to choose clothing and assist if they wish prior to removal to mortuary	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
		Obtain hand and footprints, name band +/- any other items/mementos the parents/guardians wish for. This may take place on the ward or in the mortuary. (if NOT for Coroner's PME)	Y <input type="checkbox"/> N/A <input type="checkbox"/>			



Form 8: Child post mortem examination task list

	Send Healthcare Record to Pathology	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Enter Date of death on PAS system	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Notify Site Management when the child has left the ward/Unit	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Notify Porters' desk/security when child is being removed to mortuary	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	If family requesting Cremation, the family and or certifying consultant may need to complete a form	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
	Expressed breast milk: <div style="text-align: right;"> To be discarded <input type="checkbox"/> Parents will bring home <input type="checkbox"/> </div>	Y <input type="checkbox"/> N/A <input type="checkbox"/>			
ALL HEALTHCARE PROFESSIONALS	5.	Additional Information & Instructions re Care of the Remains			
	Date & Time Child transferred to mortuary _____				

	Assistance with Funeral Arrangements if required: _____				



Form 8: Child post mortem examination task list

ALL HEALTHCARE PROFESSIONALS	6.	Care of Child & Family while in the Mortuary
	7.	<p>APT to notify Funeral Undertaker if deceased is infectious or status unknown Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Name & contact details of staff member releasing the child _____</p> <p>Name & contact details of Funeral Undertaker receiving the child, where applicable</p> <p>_____</p> <p>Date & Time Child Left Mortuary _____</p>

FILED IN HEALTHCARE RECORD ON BY GRADE



Information about this form

This task list may be adapted for use in an adult setting if helpful.

Who should complete this form? **The healthcare professionals involved in the different stages of care should complete this form.**

Where should this form be stored? The original form should be saved in the healthcare record.



Form 9: Template checklist which may assist designated healthcare professionals communicating with the designated person / family about post mortem examinations

Have you discussed the following essential items? This form may be used for both coroner's and hospital PME's.	Yes	No	General	Detailed	N/A
The PME					
<ul style="list-style-type: none"> the voluntary nature of the decision to request, give or to decline permission for a hospital PME / the mandatory nature of the coroner's PME 					
<ul style="list-style-type: none"> what a PME entails (See Part 2: The post mortem examination) 					
<ul style="list-style-type: none"> reason for PME and why it would be helpful 					
<ul style="list-style-type: none"> the role of the coroner/ coroner's PME 					
<ul style="list-style-type: none"> difference between a full or limited PME in hospital PME's 					
Temporary retention of organ(s)					
<ul style="list-style-type: none"> the possibility of the temporary retention of organ(s) to determine cause of death 					
<ul style="list-style-type: none"> method of storage of temporarily retained organs after the PME 					
Retention of organ(s), samples of tissues and body fluids for education / research purposes					
<ul style="list-style-type: none"> the possibility of retaining organs for education purposes 					
Sampled tissues and body fluids					
<ul style="list-style-type: none"> the preservation of sampled tissues as histological blocks and slides which are kept as part of the PME records 					
Research / medical education / training purposes					
<ul style="list-style-type: none"> the retention of organs, sampled tissues and/or other body fluids for research / medical education / training purposes 					
Clinical audio or visual media					
<ul style="list-style-type: none"> whether PME photography will be used, for what purpose and anonymised / not anonymised 					
<ul style="list-style-type: none"> whether PME radiology will be used, for what purpose and anonymised / not anonymised 					
<ul style="list-style-type: none"> whether PME audio will be used, for what purpose and anonymised / not anonymised 					
Burial or cremation of organs					
<ul style="list-style-type: none"> the method of disposition of sampled tissues and body fluids once the PME is completed 					
<ul style="list-style-type: none"> options for the burial or cremation of organs not returned to the body prior to the funeral 					
<ul style="list-style-type: none"> the implications of PME for funeral arrangements 					
<ul style="list-style-type: none"> the implication of state forensic PME on funeral arrangements (potential requirement to delay for up to 7 days in case of request for second independent PME) 					
Supports available					
<ul style="list-style-type: none"> information shared on the psychological supports available 					
<ul style="list-style-type: none"> information shared on the bereavement supports available 					
<ul style="list-style-type: none"> information on chaplaincy services available 					
<ul style="list-style-type: none"> information on contact with the coroner's office 					
<ul style="list-style-type: none"> name and contact details of identified designated hospital contact(s) 					
<p>The above is considered essential information for informed consent. However, if the family are satisfied that they have enough information/ to make a decision, the family have the option to decline detailed (as opposed to general) information. The level of information given is noted in the healthcare record of the deceased.)</p> <p>Further details on information which should be covered in this discussion is outlined Part 4 Communication, consent and the PME.</p>					



Information about this form

Who should complete this form? **The designated healthcare professional involved in the communication with the family should complete this form**

Where should this form be stored? The original form should be saved in the healthcare record.



Contact details

Details of deceased		Contact details for source hospital	
Name		Name	
Address		Address	
Date of birth		Telephone number	
Date of death			

To be completed by hospital / mortuary

Please tick ✓

I confirm that the body of the above named is being released for burial / cremation in accordance with the HSE National Clinical Guidelines for Post Mortem Examination Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I confirm that organs of the above named are being released for burial / cremation in accordance with the HSE National Clinical Guidelines for Post Mortem Examination Services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify which organs

I have confidentially updated the funeral director about any potential health and safety issues.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I have notified the funeral director about the presence of any Hazard Group 4 infection or transmissible spongiform encephalopathies (TSEs) (when applicable).		
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Date and time of release Date Time:

Released by:

Print name _____ Professional registration number (if applicable)

Signature _____ Time (24 hour clock)

Job title _____ Date

Contact details (extension / bleep) _____

Released to: Funeral director

Print name _____

Signature _____ Time

Date

Contact details (email / telephone) _____

A copy of this form should be stored on the mortuary records and the relevant registers updated. Please also see relevant standards and guidance from the HSE and Health Protection Surveillance Centre (HPSC).

Part three: Template booklets



3. Part three: Template booklets

The following templates are available for adaptation by local services. They may be downloaded through the HSE website.

1. **Template adult booklet: A guide to a hospital post mortem examination (Consented or non-coronial PME)**



2. **Template adult booklet: A guide to a coroner's post mortem examination**



3. **Template perinatal booklet: A guide to a hospital post mortem examination (Consented or non coronial PMEs)**



4. **Template perinatal booklet: A guide to a coroner's post mortem examination**



5. **Template paediatric booklet: A guide to a post mortem examination (hospital and coroner's PME).**



Where organs may be donated for clinical teaching, medical education and / or research, the booklets should be updated to reflect the practice in each centre and in accordance with the HSE National Policy for Consent in Health and Social Care Research (2022) and section 3.9 Consent for organ and tissue retention for clinical teaching, medical education and / or research of the HSE National Clinical Guidelines for Post Mortem Examination Services (2023).

For queries, please contact:

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