



**St. James's Hospital
LabMed Directorate
Histopathology Department**

**Hospital Post Mortem Protocol
SJH:LabMed015**

Owner: Clinical Lead for Mortuary Services: Dr R. Flavin	Approved by: Head of Social Work: Ms P. Markey Head of Department of Histopathology: Dr R. Flavin
Reviewed by:	
<ul style="list-style-type: none"> ▪ Mortuary Manager: Mr P. Byrne ▪ Mortuary and Medical Lab Assistant: Mr E. Fitzsimons ▪ Bereavement Medical Social Work: Ms. F. Hegarty ▪ Bereavement Social Work Secretary: Ms. K. Kinch ▪ Consultant Haematologist: Dr L. Bacon ▪ ICU Consultant Physician: Dr E. O'Connor 	<ul style="list-style-type: none"> ▪ Laboratory Medicine-Manager: Mr J- Gibbons ▪ End of Life Care Coordinator: Ms B. Korn ▪ Nursing Practice Development Facilitator: Ms S. Vijay ▪ CNM 2 (Edward Bennett Ward): Ms B. Waterhouse ▪ CNM 3 (QSID / ICU): Mr Alan Phillips
Effective from: March - 2020	Revision due: March 2023
Revised: NA	Document History: Version 1 – March 2020

This protocol is new-applies from March 2020. The protocol is due for routine review in March 2023. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisational, professional or academic change.

Distributed to:

- Consultant Physicians and Surgeons
- Medical Board
- Clinical Nurse Managers
- Directorate Nurse Managers
- Labmed Directorate Management Team
- Medical Social Work Lead
- Quality and Safety Improvement Director
- End of Life Care Committee Chairperson

Posted SJH Intranet: <http://www.stjames.ie/intranet/ppgs/clinicaldirectorates2/>

1.0 Policy Statement

St. James's Hospital is committed to the provision of safe, effective patient-centred care through the deployment of evidence-based practices that safeguard patients' rights and dignity at all stages of a patient's ill-health and treatment, including managing and supporting the processes of dying and death. ([Quality Standards for End of Life Care in Hospitals, 2010](#))

In the event of a patient's death, all staff members are required to ensure that the deceased patient, the patient's family, carers and those in attendance are cared for in a compassionate and dignified manner in accordance with the procedures directed in the Hospital's suite of End of Life policies and procedures and in relation to post-mortem the practices directed herein.

Hospital Post Mortem (PM) examinations on patients who died in St. James's Hospital are as of March 2020 performed by Consultant Pathologists in Connolly Hospital, (CH) Blanchardstown. While the Hospital PM is undertaken in CH, the referral process, the management and transfer of relevant patient data as well as the safe and dignified care and transport of the body (remains) as well as communication with the deceased person's

family and / or 'Nominated Person(s) are carried out by St. James's Hospital Staff and are governed by the principles and practices laid out in this protocol which is informed by [HSE Standards and Recommended Practices for Post Mortem Examinations Services](#).

2.0 Scope

This protocol applies to the following:

- 2.1** The referral for and the process of managing Hospital Post Mortem examinations undertaken on patients who have died in St. James's Hospital.
- 2.2** The following healthcare staff in St. James's Hospital:
- Medical or Surgical Consultant
 - Mortuary Staff
 - Bereavement Medical Social Worker
 - Bereavement Social Work Secretary
 - Head of the Department of Histopathology/Deputy
 - Ward based Nursing Staff
- 2.3** Other Staff - Nursing staff, NCHDs and other health and social care professionals involved in the care of a patient referred for a Hospital PM, while, they are not directly involved in managing the PM process must understand the context of the Protocol and the implications for the patients Nominated Person and the patient's family. In addition, Medical Social Workers covering the Bereavement Medical Social Worker post in his/her/their absence must be familiar with this protocol.

3.0 Abbreviations and Definitions Used

- **BMSW** Bereavement Medical Social Worker
 - **DART** Document Archival and Review Technology
 - **EPR** Electronic Patient Record
 - **CH** Connolly Hospital
 - **LIMS System** Laboratory Information Management System
 - **PAS** Patient Administration System
 - **PM** Post Mortem
- **Coroner's Post Mortem**
A Coroner's Post Mortem is a post mortem examination that is being undertaken on the direction of the Coroner's Office to establish a cause of death.
 - **Hospital Post Mortem**
A Hospital Post Mortem (non-coronial) is undertaken for medical education and/or research purposes specific to the individual patient case only when the District Coroner is satisfied with the cause of death. A Hospital Post Mortem may be performed either at the request of the deceased's clinician with the consent of the Nominated Person or at the request of the family of the deceased with the consent of the Nominated Person and in liaison with the deceased's clinician.
 - **Nominated Person**
Nominated Person is the preferred term to describe the person who the patient has identified as the person who should be contacted in an emergency. The Nominated Person is entered on the hospital's

Patient Administration System (PAS) in the section entitled 'Next of Kin'. The Nominated Person is the person hospital staff must liaise with in relation to the Hospital Post Mortem process. If the Nominated Person is unable to engage in such proceedings, he/she/they may indicate another person closely related to the deceased who may engage in the process.

- **Post Mortem**

A Post Mortem Examination also called '**Autopsy**' aims to provide accurate information on a patient's illness, response to treatment and the cause of death. It is an accepted standard by which the quality of medical care is judged.

- **24 hour "Reflection" period**

This describes the period between the Nominated Person signing the consent for Hospital PM and the actual PM taking place. This aims to ensure that Nominated Person/ family has time to reconsider the consent and withdraw consent if they do not wish to proceed, taking into account the fact that they have provided consent at the emotionally fraught time of the death of a loved one.

4.0 Standards

4.1 Roles and Responsibilities of the Patient's Medical or Surgical Consultant (or designated deputy)

4.1.1. In the event of a patient's death where the consultant physician or surgeon considers the necessity of a Hospital Post Mortem (PM) Examination, they must undertake the following actions:

4.1.1.1 Contact the Dublin City Coroner and discuss with him/her whether a Coroner's post mortem is required on the deceased patient.

4.1.1.2 If the Coroner is satisfied that the deceased is not for a Coronial PM, then the consultant physician/surgeon or designee must contact the Head of the Department in Histopathology and discuss with them a request for a Hospital Post Mortem.

4.1.1.3 Make contact with the Bereavement MSW directly to inform them of the possibility of a Hospital PM and to relay the circumstances of the case to ensure continuity of care. Communication with the BMSW must take place via: **EPR Referral** and **Bleep #276** (Monday-Friday: 9.00-17.00 hrs).

4.1.1.4 Ascertain if the deceased patient had indicated that they would not want to undergo any post mortem investigations. Wishes expressed by the patient prior to death must be upheld and in this case a Hospital Post Mortem should not be pursued.

4.1.1.5 Ascertain if the patient has identified a Nominated Person who can be contacted to discuss the possibility of undertaking a Hospital Post Mortem.

- 4.1.2** The consultant physician/surgeon or designee must then meet with the Nominated Person/family in the presence of a second MDT member (Bereavement MSW or Nurse with the responsibility for the patient's care).
- 4.1.3** The meeting with the Nominated Person and the family should be held in a comfortable and private space e.g. family room and not at the patient's bedside (unless requested by the family).
- 4.1.4** The presence of a second MDT member, preferably the Bereavement MSW (bleep #276) or Nurse with the responsibility of the patient's care/ Nurse Manager if out-of-hours, ensures continuity in information provided and handover of care.
- 4.1.5** The Consultant Physician/Surgeon or designee should communicate and undertake the following actions with the Nominated Person/family:
- 4.1.5.4** Reason for the request for a Hospital Post Mortem.
 - 4.1.5.5** Explain the post mortem procedure.
 - 4.1.5.6** Discuss the option for full vs partial post mortem.
 - 4.1.5.7** Explain the potential for organ retention.
 - 4.1.5.8** Obtain written informed consent for the autopsy using the Informed Consent Form for Hospital Post Mortem Examination. Written consent from the Nominated Person can only be obtained post death of the patient (See 4.1.6).
 - 4.1.5.9** Information that the Hospital Post Mortem will take place in Connolly Hospital, Blanchardstown.
 - 4.1.5.10** Information that the Hospital Post Mortem will take place Monday – Friday only
 - 4.1.5.11** Advice regarding the 24hour "Reflection" period allowed to them to consider and / or reconsider their consent.
 - 4.1.5.12** Advice that the Bereavement Medical Social Worker will be contacting them in the next 24 hours (Monday-Friday) prior to the Hospital PM taking place to confirm consent to proceed.
 - 4.1.5.13** Answer all immediate questions about the PM.
- 4.1.6** **Consent** -The Nominated Person must be given adequate time of approximately 15 minutes to consider the request for a Hospital PM before being asked to sign the [Informed Consent Form for Hospital Post Mortem Examination](#).
- 4.1.6.1** The Nominated Person must be given the [Informed Consent Form for Hospital Post Mortem Examination](#) in order to read the information about what a Hospital Post Mortem involves.

4.1.7 The consultant physician/surgeon or designee must record the content, response to and outcomes of the meeting with the Nominated Person about the Hospital PM request in the Clinical Notes section on the patients' Electronic Patient Record (EPR).

4.1.8 Communication following the receipt of the Consent for Hospital Post Mortem

4.1.8.1 Following receipt of the Nominated Persons consent, the consultant physician/surgeon must undertake the following:

4.1.8.1.1 Communicate with Head of Pathology Department about the plan for a Hospital PM.

4.1.8.1.2 Complete the [Hospital Post Mortem Referral Form](#)

4.1.8.1.3 Indicate on the [Mortuary Removal Form](#) that a Hospital PM is being requested and that Consent has been given.

4.1.8.1.4 Communicate to the Nurse with responsibility for the patients' care that the Hospital Post Mortem will take place.

4.1.8.1.5 Be available to discuss the case with the Consultant Pathologist in Connolly Hospital (CH) Blanchardstown if they have any queries.

Note: The above is only valid once the consent is validated after the 24-hour reflection period or the Nominated Person confirms earlier.

4.1.9 Communication and documentation following receipt of the PM Report

4.1.9.1 Once the PM Report is available, the referring consultant physician / surgeon will receive an email from the SJH Head of the Department of Histopathology/Designee to inform them that the Hospital PM Report is available on EPR (General Investigations Section).

4.1.9.2 The consultant physician/surgeon may then wish to discuss the report findings with the SJH Head of Histopathology Department/designee.

4.1.9.3 The consultant physician/surgeon then must inform the patient's Nominated Person of the PM results; unless the Nominated Person has indicated that he/she/they do not wish to be contacted about the report.

4.1.9.3.1 Information about the Nominated Persons' wishes regarding disclosure of the PM results and any relevant communications between the Nominated Person and the Bereavement Medical Social Worker (BMSW) are available on the **EPR (Outpatient Summary/Documents/Social Work Progress**

Notes) and if no written document available, by contacting the Bereavement MSW on **Bleep #276**.

- 4.1.9.4** The clinician should consider providing the Nominated Person with a choice of venue where the results are being disclosed (in person or over the phone).
- 4.1.9.5** Record the disclosure of PM Results to the Nominated Person in the Clinical Notes section on the patients' Electronic Patient Record (EPR).
- 4.1.9.6** If PM results are disclosed in person in the hospital setting, availability of the Bereavement MSW should be considered to support the Nominated Person going forward.

4.2 Roles and Responsibility of Nursing Staff

- 4.2.1** In the absence of the Bereavement MSW, the Nurse with responsibility for the patient's care should be available to attend the meeting with the Nominated Person and the Consultant where the request for a Hospital Post Mortem is being discussed. This aims to ensure continuity in information provided, handover of care and provision of emotional and practical support to the family.
 - 4.2.1.1** The nurse attending the meeting with the Nominated Person and the Consultant must record the meeting taking place, and a brief summary of outcomes in the EPR Nursing notes.
- 4.2.2** The Nurse with responsibility for the patient's care is required to meet the following standards:
 - 4.2.2.1** Must be aware of the implications that the Hospital Post Mortem has on the ensuing journey of the patient to Connolly Hospital Blanchardstown and time delay in the release of the remains to the family.
 - 4.2.2.2** Must be aware of the potential emotional impact the decision to proceed to Hospital Post Mortem may have on the family/Nominated Person.
 - 4.2.2.3** Provide the family/Nominated Person with an information leaflet for bereaved relatives & friends entitled: [When someone close to you does-what happens next?](#)
 - 4.2.2.4** Should be aware that the Bereavement MSW (Monday-Friday, 9.00-17.00hrs; Phone: 01-4162217/8; see 4.4.2) and Mortuary Staff (Monday-Friday; 8-16.00hrs; Phone: 01-4162238) are available to the family for emotional and practical supports.
 - 4.2.2.5** Must escalate any concerns or queries voiced by the Nominated Person/Family to the Bereavement MSW (Monday-Friday, 9.00-17.00hrs; Phone: 01-4162217/8).

4.3 Roles and responsibilities of the Mortuary Manager/Deputy

4.3.1 Documentation and communication

4.3.1.1 On receipt of the remains to the mortuary, the Mortuary Manager/designee carries out the following:

4.3.1.1.1 Ascertains that all relevant documentation is completed and available:

- [Informed Consent Form for Hospital Post Mortem Examination](#)
- [Hospital Post Mortem Referral Form](#)
- [Mortuary Removal Form](#)
- Medical Record/ED Notes

4.3.1.1.2 Scans the Informed Consent Form for Hospital Post Mortem Examination and emails it to the Bereavement Medical Social Worker using this email address: autopsy@st.james.ie

4.3.1.1.3 Contacts the Bereavement MSW to confirm that the Post Mortem will take place in Connolly Hospital Blanchardstown and provide information about the planned day and time of the PM via **Bleep #276** and Email: autopsy@stjames.ie

4.3.1.1.4 Uploads/Scans the completed Hospital Autopsy Consent Form onto EPR (Operation and Consent section) via a separate procedure.

4.3.1.1.5 Contacts the Head of the Department of Pathology to request a review of the Hospital Post Mortem Referral form and provide a final approval for the Hospital PM to proceed.

4.3.2 Processes following the 24 hour “Reflection” period

Following the completion of the 24 hour “Reflection” period which allows for Nominated Persons and families to reconsider the planned Hospital PM, the Mortuary Manager/designee will:

4.2.1.1 Contact the BMSW to establish if the Nominated Person upholds the consent to proceed for Hospital PM Hospital PM can proceed or not - **Bleep #276** and Email: autopsy@stjames.ie

4.2.1.2 If the Nominated Person upholds the consent to proceed for Hospital PM, the Mortuary Manager/Designee must

4.2.1.2.1 Contact the Pathology department in CH to arrange a time for receipt of the remains for the PM.

4.2.1.2.2 Arrange with the designated Funeral Director (Phone 087/2248390) to collect the remains for transport to CH.

4.2.1.2.3 Contact the Head of the Department of Pathology to inform them that the Hospital PM is proceeding (date & time).

4.2.1.2.4 Contact the Bereavement MSW that the Post Mortem has been completed once this information has been transmitted by the CH Pathology Department. This includes information about organs retained.

4.2.1.3 If the Nominated Person withdraws their consent to proceed for Hospital PM, the Mortuary Manager/designee must:

4.2.1.3.1 Contact the Pathology Department in CH to inform them that the PM is not going ahead, providing details about the reasons insofar as they have been established.

4.2.1.3.2 Contact the consultant physician/surgeon who requested the PM to inform them of the withdrawal of consent.

4.2.2 Care of the deceased's remains and retained organs

The Mortuary Manager/ designee will undertake the following:

4.2.1.1 Record the arrival of the remains in the mortuary as per Policy LP/Mort/0012 'Receipt and Viewing of Remains of deceased patient in the mortuary'

4.2.1.2 Store the remains as per Policy LP/Mort/0012 'Receipt and Viewing of Remains of deceased patient in the mortuary'

4.2.1.3 Following a Hospital PM and return of the remains from CH:

4.2.1.3.1 Reviews the remains immediately on receipt of the body to confirm the body of the deceased has been reconstructed adequately and is in a fit state for viewing as per existing procedure.

4.2.1.3.2 Documents the condition of the remains on Receipt of Remains Form.

4.2.1.3.3 Scans the completed Receipt of Remains Form onto DART.

4.2.1.3.4 Communicate with the Funeral Director that the remains are ready for collection.

4.2.1.4 Prior to the release of the remains to the Funeral Director:

4.2.1.4.1 Reviews and confirm the body of the deceased has been reconstructed adequately and is in a fit state for viewing.

4.2.1.4.2 Documents the Condition of the remains on Release of Remains Form.

4.2.1.4.3 Scans the completed Release of Remains Form onto DART.

- 4.2.1.4.4** Receive communication from the CH Pathologist if an organ has been retained during the PM, in writing via email autopsy@stjames.ie that the organ is ready for collection at the mortuary in CH.
- 4.2.1.4.5** Arrange for the collection of the organ by the SJH nominated Funeral Director (Phone: 0872248390) from Connolly Hospital Mortuary back to the St James's Hospital Mortuary.
- 4.2.1.4.6** Once the organ has returned to James's Hospital Mortuary, the SJH Mortuary Manager/designee will then inform the Bereavement MSW that the organ is ready for collection by the deceased patient's family Funeral Director.

4.3 Roles and responsibilities of the Bereavement Medical Social Worker (BMSW)

4.3.1 Documentation and information required

- 4.3.1.1** On receipt of referral for Hospital Post Mortem and the Consent Form, the Bereavement Medical Social Worker (BMSW) contacts the Requesting Consultant by telephone to discuss the case in detail, unless already contacted by the Consultant Physician/Surgeon or their deputy.
- 4.3.1.2** BMSW must meet with Nominated person/family along with the Consultant when the Hospital Post Mortem is being explained (if within BMSW working hours 9 - 17:00hrs).
- 4.3.1.3** If the BMSW was unable to attend the above Consent Meeting, the BMSW must clarify verbally from the Consultant the following before contacting the Nominated Person:
 - Ascertain what information has been given to the family
 - Complexity of the PM (full vs partial PM)
 - Is the Nominated Contact person aware that the MSW will be contacting them?
- 4.3.1.4** The BMSW documents any information relevant to clinical staff on EPR (Outpatient Summary/Documents/Progress Notes).
- 4.3.1.5** The BMSW documents confidential Social Work information (accessible to MSW only) on EPR (Outpatient Summary/Documents/Continuation Notes)

4.3.2 Communication with the Nominated Person

- 4.3.2.1** BMSW contacts the Nominated Person during the 24hour "Reflection" period to establish if they continue to consent for the Hospital PM to proceed and then informs by verbal communication with a follow up in writing the Mortuary Staff about the decision made by the Nominated Person.
- 4.3.2.2** During this phone call with the Nominated Person, the BMSW must explain in further detail the procedural steps of the PM, practicalities of death cert, financing, preferences for organ release options and any further support required.

4.3.2.3 BMSW places a follow up phone call to the Nominated Person once confirmation has been received from CH Pathology Department that the Hospital PM has been concluded and written information about organ retention has been received from CH through autopsy@stjames.ie

4.3.2.4 Following completion of the Hospital PM and communication received from CH, the BMSW writes to the Nominated Person informing them of the following:

- Details of organ retention
- Organ release options
- If no organ has been retained
- Availability and disclosure options of the PM Results
- Requesting written confirmation from the Nominated Persons about their choices in relation to organ release options, disclosure of the PM Results and further communication from the hospital, utilising the Hospital Post Mortem Nominated Persons Statement Form.

4.3.2.5 If the Nominated Person has indicated during communication that they do not wish for further contact from the hospital, BMSW sends out a Hospital Post Mortem Nominated Persons Statement Form requesting confirmation that they do not wish to be contacted any further.

4.3.2.6 In line with the communication received from the Nominated Person, the B MSW contact the Nominated Person on receipt of the Hospital PM results to establish if they wish for information about the results and arrange meeting with the referring Consultant.

4.3.2.7 At any stage the Nominated Person may nominate another family member to speak with the MSW.

4.3.3 Communication with St. James's Hospital Staff following the PM

4.3.3.1 The BMSW must be available to:

4.3.3.1.1 Receive communication from the Hospital Mortuary Manager/ designee that the Post Mortem has been completed once this information has been transmitted by the CH Pathology Department. This includes information about organs retained.

4.3.3.1.2 Receive relevant communications from the Mortuary Staff in relation to the ongoing PM case within BMSWs working hours (9-17 hrs) and escalate /transmit information to other staff members as required

4.3.3.1.3 Arrange follow up/ support meetings between the requesting Consultant and Nominated Person as required by the Nominated Person

4.4 Roles and responsibilities of the Head of the Histopathology Department

- 4.4.1** The Head of the Department of Histopathology or their designated deputy must undertake the following:
- 4.4.1.1** Be available to discuss the request of Hospital PM with the referring consultant physician/surgeon.
 - 4.4.1.2** Contact the Mortuary Manager or their deputy to inform them of the possibility of a Hospital PM at the earliest opportunity.
 - 4.4.1.3** Review the Hospital Post Mortem Referral Form once it has been received and scanned onto EPR by Mortuary Staff.
 - 4.4.1.4** Be available to field queries and concerns regarding the Hospital PM from the Mortuary Staff and the Bereavement Social Worker.
 - 4.4.1.5** Be available to communicate with the Consultant Pathologist in CH should he/she/they require further discussion of the case.
 - 4.4.1.6** **Following availability of the Report of the Hospital Post Mortem** the Head of the Histopathology Department/designee will receive final Hospital PM Report from CH Blanchardstown by email to autopsy@stjames.ie. They are then required to:
 - 4.4.1.6.1** Review and release the PM Report.
 - 4.4.1.6.2** Direct Labmed Clerical staff to upload the authorised Hospital PM Report on EPR (General Investigations section).
 - 4.4.1.6.3** Email the referring Consultant Physician/Surgeon who ordered the case to:
 - Inform them that the Hospital PM Report is available on EPR (General Investigations section).
 - Offer to discuss Hospital PM Report findings with Clinician.
 - Identify and authorise a deputy to carry out above responsibilities in their absence.

5.0 Education, Training and Information

- 5.1** Appropriate staff members involved in this protocol are required to be proficient in the use of the PAS System, LIMS System, DART System, EPR and email as appropriate to their roles.
- 5.2** Comprehensive guidance on the documentation for deceased patients including Hospital Post Mortems is available in an Education Video entitled [Guidance on the documentation for the deceased patient](#)
- 5.3** Information about Mortuary processes is available on the [Mortuary page](#) of the Intranet.

5.4 Information about the hospitals End-of-Life Care Programme is available on the [End-of-Life Care](#) page of the Intranet.

6.0 Assurance (Audit) and Improvement

6.1 Reported incidents, errors, near-misses and / or complaints and variations from this protocol must be sourced by the Mortuary and Bereavement Committee, reviewed, acted on and recorded in the non-conformance system of QPulse, the LabMed Quality Management System.

6.2 Due to the small number of Hospital PMs annually, each case of a patient being referred for a Hospital PM is audited against this Protocol.

6.3 The Mortuary and Bereavement Committee identifies at its first meeting annually, a compliance subgroup of three relevant members who will audit each Hospital PM case.

6.4 LabMed Quality Management System (QPulse) audit protocol is used to audit compliance.

6.5 AIRs and feedback received in relation to Hospital Post Mortems from either patient's relatives', SJH hospital staff/departments and external staff such as CH Pathology Department and Funeral Directors is reviewed by the compliance subgroup and reviewed at Mortuary and Bereavement Committee meetings.

Information Resources

Forms Archive:

- Hospital Post Mortem Referral Form
<http://www.stjames.ie/intranet/resources/hospitalforms/Hospital,Post,Mortem,Referral,Form.,V1.,.,March,2020.pdf>
- Informed Consent Form for Hospital Post Mortem Examination (Autopsy)
<http://www.stjames.ie/intranet/resources/hospitalforms/Hospital,Post,Mortem,Informed,Consent,Form.,V1.,.,March,2020.pdf>
- Mortuary Information (SJH Intranet)
<http://www.stjames.ie/intranet/oncampus/departments/mortuary/>
- End of Life Care Information (SJH Intranet)
<http://www.stjames.ie/intranet/oncampus/departments/end-of-lifecare/>

Bibliography:

- [Survey of Bereaved Relatives VOICES MaJam. Ó Coimín D., Korn B., Prizeman G., Donnelly S., Hynes G., Curran M., Codd M. Dublin: Mater Misericordiae University Hospital and St. James's Hospital; 2017.](#)

- [Quality Standards for End-of-Life Care in Hospitals \(2010\)](#)
- [HSE Standards and Recommended Practices for Post Mortem Examinations Services](#)
- [Madden Inquiry into Post Mortem Practice and Organ Retention \(2005\)](#)
- [A Good Death. A reflection on Ombudsman Complaints about End-of-Life Care \(2014\)](#)

Document Log			
Document Title: St James's Hospital Post Mortem Protocol			
Document Number: SJH:LabMed015			
Document Status i.e. New, Revision , replaced etc.	Version Number	Date	Description of changes
New	1	March 2020	<ul style="list-style-type: none"> ▪ New Protocol established in line with current and emerging evidence base/research