

Suggested  
1985!

BRISTOL CHILDREN'S AND MATERNITY HOSPITAL

I ..... whose address

is ..... hereby

give consent to the performance of a Post-mortem  
examination on

.....

including the removal of such tissues as are considered

- necessary for the purposes of
- (i)           Diagnosis
  - (ii)\*        Medical Education
  - (iii)\*       Medical Research

Signature ..... Relationship to deceased

.....

Address .....

.....

.....

Date .....

\* (Please delete if not applicable)