

U B H T
TEACHING CARE

Directorate of Medicine
Bristol Royal Infirmary
Bristol BS2 8HW
Tel (0117) 923 0000
Fax
Direct

Direct (0117) 9282289

I -----

whose address is -----

State that:-

1. I am the person lawfully in the possession of the body of:

2. I hereby give my consent to:

The performance of a post mortem examination on

-----including:

1. the removal of such tissues as are considered necessary for the purpose of diagnosis, investigation of abnormal conditions, medical education and research.

2. * the removal of tissues for therapeutic purposes

3. * the use of his/her eyes for corneal grafting or corneal graft research

4. the removal of a pacemaker or any other surgical implant

* Please delete if not applicable.

Signature ----- Date -----

Relationship to deceased -----

