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Consultation paper: *Guidelines for the retention of tissues at post-mortem examination*

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In every case where this issue arises, the pathologist should seek the express consent of the Coroner for the preservation of the tissue and for how long that should be. The Coroner may well enquire as to the amount of tissue, the time over which the tissue is likely to be needed (this may be important if a whole organ is to be reunited with the body before disposal) and the expected outcome of any tests. This is not without difficulty and each case will have to be considered carefully. In certain circumstances, however, it is clear in advance of the examination that large tissue samples, or even complete organs, should be retained.<sup>2</sup>

- 4.4 Some Coroners will allow tissue retention only if they have opened an inquest, while others allow it if the pathologist indicates in their report that further investigations are being undertaken which may alter the cause of death.
- 4.5 Pathologists must not use the limitations of the Coroner's autopsy as an explanation for poor professional practice. Most Coroners allow their pathologists considerable discretion in the way in which they carry out their examinations. Pathologists should strive to ensure that procedures in a Coroner's autopsy conform to a high medical standard including the routine preservation of samples from major organs for histopathological examination, unless it is known that there are individual objections or that retention has been disallowed by the Coroner; in such cases, the limitations of the examination should be stated in the written report. Therefore, it is recommended that:
- a) When the pathologist is instructed to perform a post-mortem examination, the probable need for the retention of tissue should be discussed with the Coroner.
  - b) Coroner's autopsy reports should state when whole organs have been retained, and the reasons given in the report. However, disclosure arrangements will need to be discussed with local Coroners who will themselves wish to review their approach in the light of these guidelines. Coroners should inform relatives and advise them of the date when the organ(s) may be released. However, if the relatives declare that they wish to have the organ(s) cremated or reunited with the body after burial, Coroners should make it clear this would be the relatives' responsibility. Most Coroners will release organs only to a funeral director chosen by the relatives.
  - c) If retention of tissues or organs not within the remit of the Coroner's post-mortem examination appears desirable, signed consent from relatives is essential. The Coroner's authorisation must also be sought; it is only where there are good

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<sup>2</sup> Examples include the most affected lung and pleura in a patient dying of malignant mesothelioma, or the whole brain in a patient in whom Creutzfeldt–Jakob disease was suspected clinically. The whole brain should be preserved in cases of suspected encephalitis or unexplained encephalopathy. Establishing the cause of a dementia or neurodegenerative disease usually requires retaining the whole brain; in such cases, preserving samples for histology from multiple key areas of the brain should be a minimally acceptable alternative.