

UNITED BRISTOL HEALTHCARE TRUST

BRISTOL CHILDREN'S AND ST MICHAEL'S HOSPITALS

CONSENT FOR POST MORTEM EXAMINATION

I/We.....consent to a post mortem examination being carried out on.....

I/We understand that this examination:

- a) will involve the keeping of tissue samples for laboratory tests.
- b) may involve the use of tissue for medical education* and research*.
- c) involves keeping the whole brain/heart* for diagnosis.

* may be deleted

Signed

Mother/Father

Witnessed by

Registrar/ Consultant

Date

Addressograph label