

BRISTOL AND WESTON HEALTH AUTHORITY

FORM OF CONSENT

FOR USE FOR POST MORTEM EXAMINATIONS ON PATIENTS TREATED AT

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN

OR BRISTOL MATERNITY HOSPITAL

I (being the person authorised by law to give consent)
give consent to the Post Mortem Examination of
which consent shall include authority for the removal of tissue samples for
diagnosis for teaching and for medical research.

Signed

Dated

Signature of persons taking this Form of Consent