

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:-

- (a) For the removal of any tissue or organ for therapeutic purposes in relation to another person *
- (b) For the removal of any surgically introduced material other than human tissue or organs *

Signed

Dated

Signature of persons taking this Form of Consent.....

* Delete if appropriate