AUTOPSY REQUEST AND AUTHORITY
FOR ALL NON-CORONIAL
AUTOPSY EXAMINATIONS

Parts A and B must be completed and delivered to the Mortuary as soon as possible
This page to be completed by the requesting Medical Officer.

Name of Consultant (print)__________________________________________________________

Date of Admission / / Date of Death / / Time of Death _________________________________

Today’s Date / / Coroner Notified ☐ Yes ☐ No

Specify any conditions or treatments which may present a hazard at autopsy:
Clearly state if viral hepatitis, tuberculosis, HIV, prion disease (include CJD and dementia) or other infection is suspected or confirmed, and state if radioactive isotopes or implanted devices (pacemaker, defibrillator, etc) are present.

______________________________________________________________________________

Clinical Summary (include nature and dates of any operations)
______________________________________________________________________________

Presumed Cause of Death

Particular Issues to be Investigated During Autopsy Examination

Name of Requesting Medical Officer (print)__________________________________________

Signature ____________________________ Date / / Contact Telephone Number and/or Pager Number ____________________________

A copy of the post mortem report will be sent routinely to the Consultant responsible for care during the final admission, to the referring General Practitioner of the deceased, and if requested to the nominated GP of the senior available next of kin.

Please indicate other Consultants involved in the care of the patient who should be sent a copy of the report:

______________________________________________________________________________

Note: 1) It is the professional responsibility of the medical practitioner declaring life extinct to refer appropriate cases to the State Coroner.

2) Permission by relatives of the deceased is not required for autopsies to be performed under the direction of the State Coroner. If the State Coroner decides not to accept a case for investigation under its jurisdiction then the Medical Officer may request that a non-coronial autopsy be performed.

3) If the senior available next of kin of the deceased refuses to give permission for an autopsy in circumstances when there is no indication for a coronial autopsy, then their decision must be respected.
THIS PAGE IS FOR HOSPITAL USE ONLY

PHONE REQUEST

If this request is obtained over the phone, a witness must be present for the entire conversation and whilst the form is being completed.

Name of person obtaining request over the phone (Please print)

________________________________________________________

Signature ___________________________ Date ____________

Witness signature ___________________________ Date ____________

Name of witness (Please print) ______________________________________

________________________________________________________

________________________________________________________

AUTHORISATION BY DESIGNATED OFFICER

I, _______________________________________, being a Designated Officer\(^1\) of

________________________________________________________

Hospital,

authorise an autopsy examination to be conducted on the body of

________________________________________________________

Signature ___________________________ Date ____________

FOR PATHOLOGY DEPARTMENT USE ONLY

RESULTS OF AUTOPSY

If an autopsy is performed under the direction of the Coroner only the Coroner receives a report of the autopsy findings and these findings may not be discussed with the family members unless specifically authorised by the Coroner.

For non-coronial autopsies, reports describing the autopsy findings will be forwarded to the Consultant responsible for the care of the deceased, the referring general practitioner and if requested a general practitioner nominated by the senior available next of kin. Requests by relatives of the deceased for an explanation of the autopsy findings should be addressed to either of these doctors.

\(^{1}\) Under the SA Transplantation and Anatomy Act 1983, a designated officer means a medical practitioner who is appointed by the Minister to be a designated officer for that hospital.
AUTOPSY REQUEST AND AUTHORITY

FOR ALL NON-CORONIAL AUTOPSY EXAMINATIONS

AUTHORISATION FOR NON-CORONIAL AUTOPSY EXAMINATION

Part B to be completed by the Senior Available Next of Kin

Copy of Part B to be provided to Senior Available Next of Kin

Before completing this form, ensure you have read the information sheet on autopsies provided by the hospital.

If you have any questions about the procedures or the form, you should speak with the person requesting the autopsy.

NOTE: The pathologist performing the autopsy will use the following information to ensure your wishes are respected. It is important that you answer all questions accurately.

BENEFITS TO BE GAINED FROM THE AUTOPSY: An autopsy will provide detailed information about the factors that contributed to the person’s death. Even if the cause of death seems clear, the person may have had a medical condition that was not known about during life.

The autopsy may identify an undiagnosed infection, cancer, blockage in a blood vessel, a genetic disorder or a complication of treatment. This information can be important for family members trying to come to terms with the death.

THE AUTOPSY PROCEDURE: An autopsy is a step-by-step examination of the outside of the body and of the internal organs by a doctor specially trained in pathology.

Techniques similar to those used in surgical operations requiring extensive incisions are involved. The major organs of the body are removed and examined, and in most cases are returned to the body. During autopsy, small samples are taken for detailed scientific and medical examination. Occasionally it is necessary to retain whole organs for medical tests.

1. Full Name of the Deceased

__________________________________________________________________________

2. Full Name* of Senior Available Next of Kin (*Name of person completing this form)

__________________________________________________________________________

Address ________________________________________________________________

Phone number ___________________ Mobile number ________________________

2A. Relationship to Deceased Person __________________________________________

1 Under the SA Transplantation and Anatomy Act 1983, “senior available next-of-kin” means:
(a) in relation to a child, the first in order of the following persons:
   (i) a parent of the child; (ii) a brother or sister, who has attained the age of 18 years, of the child; (iii) a guardian of the child; and
(b) in relation to any other person, the first in order of the following persons:
   (i) the spouse of the person; (ii) a son or daughter, who has attained the age of 18 years, of the person;
   (iii) a parent of the person; (iv) a brother or sister, who has attained the age of 18 years, of the person.

If the existence or whereabouts of the next of kin of the deceased cannot be ascertained, then the designated officer under the Act may authorise a post-mortem examination of the body of the deceased.

The designated officer must make reasonable attempts to contact the next of kin.
3. Do you have any reason to believe that your relative (the deceased person) objected to an autopsy examination of his/her body?

YES □ NO □ DON'T KNOW □

3A. Do you have any reason to believe that another relative objects to an autopsy examination?

YES □ NO □ If YES, what is their relationship to the deceased? __________________________

3B. Are you aware of any religious/cultural beliefs or practices that the deceased would wish to have respected during the autopsy examination? If yes, please provide details:

________________________________________________________________________________

4. Do you agree to a Full Autopsy Examination of the deceased? YES □ NO □

If no, do you agree to a Limited Autopsy Examination of the deceased? YES □

4A. If a limited examination is to be performed, indicate the body parts that you do not want to have examined.

Head □ Chest □ Abdomen □ Other □ Specify __________________________

Retention of Tissues
Small samples of tissue are taken at autopsy for examination under a microscope as well as other tests. These tissues are retained for a minimum of 20 years and may be used for quality control purposes or for medical education that has been approved by the hospital.

5. Do you agree to the retention of tissues for examination under a microscope by the pathologist?

YES □ NO □

Retention of Organs
It is sometimes necessary to retain whole organs for specialised examination. These organs may be used later for medical education that has been approved by the Hospital.

6. Do you agree to the retention of whole organs for specialised examination as determined by the pathologist?

YES □ NO □

6A. If yes, are there any organs that are not to be retained for these purposes. Please specify.

________________________________________________________________________________

7. Do you agree to retained organs obtained at autopsy being used for medical education?

YES □ NO □
Disposal of Tissues and Organs
After the diagnosis is complete it is usual for any tissue and organs remaining to be incinerated in the same way as tissues and organs removed at surgical operations, unless alternative instructions have been given by the person giving permission for an autopsy.

8. Please indicate below your instructions for disposal of tissue and organs.
   Disposal by the hospital by incineration or cremation  
   OR 
   Returned to the funeral director for burial or cremation by the family

8A. Do you wish for the organs to be returned to the body before the burial or cremation?
   If so, this requirement may delay the funeral.
   YES ☐  NO ☐

   Note: The Mortuary staff will liaise with the funeral director to determine your requirements.

Declaration  (This declaration should be signed by the senior available next of kin)

I give permission for an autopsy to be performed on:
______________________________________________________________ (Print name of deceased)

I declare that the nature of the autopsy examination and the way that tissue and organs from the deceased's body will be dealt with has been explained to me.

I have received the information sheet on autopsies provided by the hospital.
I have had the opportunity to ask questions and am satisfied with the explanation and the answers to my questions.

Signature ___________________________ Date ________________

Name of witness (Please print) ____________________________________________

Witness signature __________________________________ Date ________________

Name of interpreter (if present) ____________________________________________

Interpreter Signature __________________________________ Date ________________
Tissue Donation (OPTIONAL)

9. Did your relative wish to be considered as a tissue donor for transplantation? (eg heart valves, cornea, skin, bone)

   YES ☐  NO ☐

If yes, the person assisting the next of kin in completing this form will contact the SA Organ Donation Agency on 8207 7117 or after hours on 8378 1671.

Autopsy Report (OPTIONAL)

The autopsy report will be sent to the deceased person's specialist doctor and general practitioner (GP).

10. Do you wish to have a copy of the autopsy report sent to a GP of your choice with whom you may discuss the findings?

   YES ☐  NO ☐

10A. If YES, please provide the name and address of the GP who should receive the report.

________________________________________
________________________________________

Use of Tissues and Organs for Medical Research (OPTIONAL)

The use of tissues and organs for medical research involves a separate request, and prior approval of the research project by an approved Hospital ethics committee.

11. Do you agree to the retention of tissues and organs for medical research?

   YES ☐  NO ☐

Declaration for Use of Tissues and Organs for Medical Research (OPTIONAL)

(This declaration should be signed by the senior available next of kin)

I declare that I give permission for the retention of tissue and organs for the purposes of medical research from:

________________________________________(Print name of deceased)

provided that:

(A) the medical research for which the tissue and/or organs is to be used has been approved by the Hospital;

(B) the privacy of the deceased is respected and identifying information is treated as confidential;

(C) permission may be withdrawn at any time by the next of kin by writing to the Chief Executive Officer of the Hospital;

(D) the autopsy procedure agreed to above will not be affected in any way by this permission to the use of tissue and organs for medical research.

Signature ___________________________ Date ____________

Witness signature ___________________________ Date ____________

Name of witness (Please print) ___________________________