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| Post Mortem Consent for suspected CJD (Creutzfeldt-Jakob Disease) Autopsy |
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Section One

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(your name)* have had the post mortem procedure in a suspected case of Creutzfeldt-Jakob disease explained to me and I give consent for a post mortem examination *(limited to the head)* to be performed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(patients name)* who died on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ *(date)*.

My relationship to the deceased is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been given the opportunity to read the information sheet for family members on Creutzfeldt-Jakob disease post mortems.

I understand that:

1. The brain will not be returned after the post mortem examination.
2. The Christchurch Hospital mortuary will retain and respectfully dispose of the brain by cremation following completion of the post mortem procedure.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Section Two – *to be completed by the Medical Practitioner requesting post mortem*

I have explained the post mortem procedure in the case of suspected CJD. I have ascertained that there is no objection to this post mortem examination and that the next of kin are fully informed.

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| Medical Practitioner Name(Please print) |  |
| Signature |  | DateTime |  |
| Contact Details for further information if required |  | DHB |  |