



Post Mortem Consent for suspected CJD Autopsy

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

Post Mortem Consent for suspected CJD (Creutzfeldt-Jacob Disease) Autopsy

Section 1

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

_____ (patient's 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 Auckland Hospital mortuary will retain and respectfully dispose of the brain by cremation following completion of the post mortem procedure

Signed: _____ Date: ___/___/___

Section 2 - to be completed by 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.

Medical Practitioner Name (please print)			
Signature		Date Time	
Contact Details for further information if required		DHB	

POST MORTEM CONSENT FOR SUSPECTED CJD AUTOPSY

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