



Patient name: \_\_\_\_\_  
Date: \_\_\_\_\_ Patient identifier: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Date of procedure: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Practice address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand this can be a difficult time for you. However, we know how important it is for us to follow your wishes regarding this sensitive subject.

Your consultant should have explained to you the options for the sensitive disposal prior to completing this form.

I confirm that I have understood the information my Consultant have given to me and that any questions I have asked they have answered to my satisfaction and understanding.

### Pathological examination

It is not compulsory, but important, for the pregnancy remains to be examined both visually and microscopically. After visual examination, tissue samples are made into blocks and slides for examination under a microscope. **This will not happen without your agreement.** Please be aware that after examination, there is a possibility that no fetal tissue may be left.

I consent for the pathological examination of the pregnancy remains

### Sensitive disposal of pregnancy remains

Please tick the option relevant to you.

I consent for the laboratory to arrange for the sensitive disposal of the pregnancy remains in line with their policies and I understand that there will be no ashes.

I would like to collect\* the pregnancy remains within 5 weeks of my procedure, so that I can arrange a private cremation or burial and I have been made aware of the health and safety requirements.

### Retention of blocks and slides

Blocks and slides of the tissue are routinely kept as part of your medical record, allowing them to be retrieved on a later date, should there be a clinical need. However, if you wish, these can be reunited with the pregnancy remains before disposal. Please tick the option relevant to you.

I consent for the laboratory to retain the tissue blocks and slides as part of my record.

I have indicated above that I would like to collect\* my pregnancy remains and I would like the blocks and slides made to be reunited with the remains.

**Patient** (\*Please provide contact details if collection has been indicated)

Name: \_\_\_\_\_ Email\*: \_\_\_\_\_

Telephone\*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consultant

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_