

Department of Obstetrics and Gynaecology
All India Institute of Medical Sciences, Patna 801507, Bihar

FOETAL PATHOLOGICAL AUTOPSY CONSENT FORM

CR No:

I/We, _____ (full name) give my/our consent for a complete pathological autopsy examination of my/our foetus.

By giving my/our consent, I/we understand that,

1. The aims and objectives of performing this foetal pathological autopsy have been explained to me/us by the below mentioned doctor.
2. The foetal autopsy includes taking an incision on the deceased body and organ dissection.
3. The foetal autopsy procedure may include removal, retention, macroscopic or microscopic examination, or use of body part (s) or organ (s) for the above-mentioned purpose by the physicians.
4. The autopsy is done for pathological reasons, not medico-legal purposes.
5. Any derived information from this autopsy may be utilised for diagnostic, therapeutic, scientific, research, or publication purposes.
6. I/we agree to pay the necessary fees of rupees three thousand (3000/- INR) for this procedure.
7. The information would not be used for commercial or advertising purposes.
8. My/our consent is only partially applicable for and inclusive of:

Sr. No	Procedure	Consent	
		Yes	No
a.	Photography		
b.	Radiological examination		
c.	Autopsy external and internal examination		
d.	Removal of organs/tissues/fluids for laboratory examination purposes		
e.	Examination of tissues/organs for histopathological purposes		
f.	Examination of tissues/organs/fluids for microbiological purposes		
g.	Retention of organs/tissues for laboratory examination		
h.	Removal and examination of the brain and the spinal cord		
i.	Publication for academic/research purposes		

9. I/we can revoke my/our consent at any time before the autopsy. However, once the physicians have started or performed the autopsy, it will not be possible to withdraw the consent.
10. If the information is utilised for publication, every attempt shall be made to ensure anonymity and confidentiality.
11. This consent form, its information, and the procedures for the autopsy have been explained to me/us in _____, a language that I/we understand.
12. That once the autopsy is completed, I/we wish,

Statement	Yes	No
The baby/foetus/foetal remains are to be returned to the parents/family for the performance of the final rites.		
The Institute will dispose of the baby/foetus/foetal remains as per the Biomedical Waste Disposal policy of the Institute.		

13. In case of the baby/foetus/foetal remains are not collected by the parents/family after agreeing to it, they will be disposed of as per the Biomedical Waste Disposal policy of the Institute within three days of performance of the pathological autopsy.
14. I/we have been given opportunity to ask questions related to the said foetal pathological autopsy, and all my queries have been answered by the concerned doctor up to my/our satisfaction.

Name & Signature of the mother (with date):

Left thumb impression of the mother:

Name & Signature of the father (with date):

Left thumb impression of the father:

Witness to the consent (Name & Signature with date):

1. _____

2. _____

Consent by [Name and Signature of the Doctor with Stamp]:

Date: