

Patient addressograph

Hospital.....

Doctor/midwife.....

Date of delivery.....

Gestational Age.....

Consent Form for Histopathological Examination and Disposal of Foetal Remains

This consent form must be completed in full. Failure to do so may result in delays to processing and reporting and could lead to rejection by the laboratory.

We understand this can be a difficult time for you and another consent from can feel too much. However, it is important to us to follow your wishes on this sensitive subject.

Your options for the sensitive disposal of the remains should have been explained to you by your Consultant prior to completing this consent form.

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

1. Pathological Examination

It is important, but not compulsory, for the foetal tissue to be examined both visually and microscopically. After visual examination tissue samples are made into blocks and slides for examination under the microscope. This will not happen without your agreement.

- ☐ I consent for the pathological examination of tissue if necessary.
- ☐ I do not consent for the pathological consent of tissue.
- ☐ My attending consultant has advised me that pathological examination of tissue is not required.

THIS IS A CONTROLLED DOCUMENT AND MUST NOT BE COPIED OR DISTRIBUTED WITHOUT AUTHORISATION BY THE QMT

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Author: Lisa Murangi / Michelle Lane	Date: 26/08/2026	Page 1 of 2

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Author(s): Lisa Murangi, Michelle Lane

2. Sensitive Disposal of Foetal Tissue

- ☐ I consent for the hospital/lab to arrange for the sensitive disposal of the foetal tissue in line with their policies and understand there will be no ashes.
- ☐ I would like the foetal tissue to be returned to me, so I can arrange a private cremation or burial and have been made aware of the health and safety requirements pertaining to the disposal of human tissues.
-

3. 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 later, should there be a clinical need.

- ☐ I have read, understood, and acknowledge the above information regarding the retention and future retrieval of tissue blocks and slides.
-

Patient Signature: Date:

Consultant/Nurse: Signed.....

Print Name.....

Date:

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Form FR/2

Cremation no. _____

Eltham Crematorium

Certificate of Medical Practitioner in respect of Fetal Remains less than 24 weeks gestation

I hereby certify that I have examined the fetal remains of

(Mother's name
or case number)

Address

Delivered on (date) _____ at (time) _____

of _____ weeks gestation and which at no time showed any visible life signs.

I know of no reason why any further enquiry or examination should be made.

Name

Signature

Address

Telephone number

Date _____

Registered Qualifications
