

10. Specify any conditions or treatments which may present a hazard to those handling the body

Clearly state if viral hepatitis, tuberculosis, HIV, prion disease (include CJD and dementia) or other infection is suspected or confirmed, and state if radioactive isotopes or implanted devices (pacemaker, defibrillator, etc) are present.

11. Name of requesting Medical Practitioner (person completing this form) (print)

Name _____

Signature _____ **Date** / /

Contact telephone number and/or pager number _____



**12. AUTHORISATION BY DESIGNATED OFFICER TO POST-MORTEM EXAMINATION
(S.25 TRANSPLANTATION AND ANATOMY ACT)**

(See Attachment One to Guidelines for definition of "Designated Officer")

NOTE: This section must be filled in by the Designated Officer and not the medical officer completing this form.

I, _____ (insert name of Designated Officer), duly appointed by the Minister [for Health] as a designated officer for the _____
_____ (insert name of Hospital), for the purposes of the Transplantation and Anatomy Act 1983 ("the Act"), having made such inquiries as are reasonable in the circumstances and being:
(please place an 'x' in one of the boxes below)

- A. satisfied that the deceased person had, during his/her lifetime, given his/her consent to a post-mortem examination of his/her body and had not revoked the consent

OR

- B. satisfied that the senior available next of kin of the deceased has given his/her consent to a post-mortem examination of the body of the deceased and the deceased person had not, during his/her lifetime, expressed an objection to a post-mortem examination of his/her body

Name of senior available next of kin consulted¹ _____

Relationship to the deceased _____

Contact telephone number of senior available next of kin _____

OR

- C. not satisfied as to A or B above but satisfied that the deceased person had not, during his/her lifetime, expressed an objection to a post-mortem examination of his/her body and I am unable to ascertain the existence or whereabouts of the next of kin of the deceased person or whether any of the next of kin has an objection to a post-mortem examination of the body of the deceased person.

hereby authorise a post-mortem examination of the body of _____

[insert full name of deceased person] in accordance with section 25 of the Act.

Signature of designated officer _____ Date / /

If consent to a post-mortem examination by the senior available next of kin is obtained over the phone, a witness **must** be present for the entire conversation and whilst Part B is being completed. The designated officer and witness must sign **both** Part A **and** Part B.

Name of witness (Please print) _____

Witness signature _____ Date / /

¹ Under the SA Transplantation and Anatomy Act 1983, "senior available next-of-kin" means:

- (a) in relation to a child, the first in order of the following persons:
(i) a parent of the child; (ii) a brother or sister, who has attained the age of 18 years, of the child; (iii) a guardian of the child; and
(b) in relation to any other person, the first in order of the following persons:
(i) the spouse or domestic partner of the person; (ii) a son or daughter, who has attained the age of 18 years, of the person;
(iii) a parent of the person; (iv) a brother or sister, who has attained the age of 18 years, of the person.

13. Authorisation by designated officer for therapeutic, medical or scientific purposes, tissue removed for post-mortem examination (S.27 Transplantation and Anatomy Act)

NOTE: This section must be filled in by the Designated Officer and not the medical officer completing this form.

I, _____ (insert name of Designated Officer), duly appointed by the Minister [for Health] as a designated officer for the _____ (insert name of Hospital), for the purposes of the Transplantation and Anatomy Act 1983 ("the Act"), having made such inquiries as are reasonable in the circumstances and being:
(please place an 'x' in one of the boxes below)

A satisfied that the deceased person had, during his/her lifetime, given his/her consent to the use, after his/her death, of tissue from his or her body for therapeutic, medical or scientific purposes and had not revoked the consent

OR

B satisfied that the senior available next of kin of the deceased has given his/her consent to the use of tissue from the body of the deceased for therapeutic, medical or scientific purposes and the deceased person had not, during his/her lifetime, expressed an objection to the use of tissue removed from his/her body after death for therapeutic, medical or scientific purposes

Name of senior available next of kin consulted _____

Relationship to the deceased _____

Contact telephone number of senior available next of kin _____

hereby authorise the use for therapeutic, medical or scientific purposes, of tissue removed from the body of _____ [insert full name of deceased person] in accordance with section 27 of the Act.

Signature of designated officer _____ **Date** / /

If consent to the use for therapeutic, medical or scientific purposes, of tissue removed from the body of the deceased by the senior available next of kin is obtained over the phone, a witness **must** be present for the entire conversation and whilst Part B is being completed. The designated officer and witness must sign **both** Part A **and** Part B.

Name of witness (Please print) _____

Witness signature _____ **Date** / /