

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
BANGALORE 560 029**

**CONSENT FORM (2) FOR CONDUCTING COMPLETE AUTOPSY
AND ORGAN RETRIEVAL**

- A. I.....Wife/Son/Daughter/Parent/Brother/Sister (relationship) give informed consent to conduct postmortem on the body of(Name of deceased) confined to the **the removal of all the organs* (brain/ spinal cord/ heart & lung/ visceral organs)** by the pathologist, to establish the diagnosis. Having known that no objection was expressed by the deceased to any of his/her organs being used after his/her death for therapeutic/research/ educational purposes, I authorise the Department of Neuropathology/ Human Brain Bank to collect and store the material to the extent permitted and utilise for the above mentioned purposes. I have been explained the procedure and assurance has been given that there will be no disfigurement of the body after the procedure of organ retrieval. After the procedure, the body of the deceased will be handed over to me for the cremation/burial. I have been assured that strict confidentiality will be maintained about the deceased and the organs retrieved.
- B. After the organ retrieval, I request cremation of the body by the Institution, as I am not in a position to undertake the final rites of cremation/burial.
- C. I donate the whole body, which can be used for educational purposes.

Name of the deceased		Date of Admission	
Age / Sex		Date & Time of Expiry	
Neuro No			
Unit			
Name of consenting Person & Signature (in capitals)		Witnesses**	Signatures
Relationship			
Address			
Date		Date	

- a) *Kindly indicate the limits of postmortem procedure consented to.
 b) Kindly strike off the inappropriate segments of the consent form.
 c) ** The Resident/Staff Nurse taking the consent can sign as witness.