

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
BANGALORE 560 029

CONSENT FORM (3) FOR CONDUCTING PARTIAL AUTOPSY
AND ORGAN RETRIEVAL

I give informed consent for conducting postmortem examination on the **aborted/ deceased foetus*** and authorise to collect and store the organs for research/education/ diagnostic/ therapeutic purposes, maintaining complete confidentiality.

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.