

CONSENT FOR AN AUTOPSY

- No major change has been made to this form, except that it is now available in 4 copies and no longer includes a section dedicated to organ and tissue donation.
- If you need the consent for retrieval of organs and tissues, please refer to the AH-224A DT9118 form.

N.B.: In cases where consent is obtained by telephone, the signatures of a second witness is required.



DT9105

CONSENT FOR AN AUTOPSY

I hereby authorize

_____ (Name of institution)

and its designated physicians to perform an autopsy on _____ (Last name)

_____ (First name) and to dispose of the organs and tissues retrieved.

Restrictions, if any: _____

If, during the autopsy, a doctor, a nurse or any other healthcare professional accidentally comes into contact with the blood or any other bodily fluids of the deceased, I authorize that a blood sample be taken from the body of the deceased for the purpose of screening for the human immunodeficiency virus (HIV), the hepatitis B virus (HBV) or the hepatitis C virus (HCV).

_____ Full name (please print)

_____ Relationship to the deceased (obligatory)

_____ Address of person signing

_____ Postal code

_____ Area code

_____ Telephone no.

_____ Signature

Date

_____ Year

_____ Month

_____ Day

_____ Witness's signature

_____ Name of witness

Consent given by telephone: Yes No

For consent given by telephone, the signature of a second witness is required.

_____ Witness's signature

_____ Name of witness

N.B. This form's signatory has to be authorized, as stipulated, by the Civil Code of Québec (articles 14 and 15). This is, **in order of priority**, the mandatory, tutor, curator, spouse (married, *de facto*, civil union), a close relative or a person who shows a special interest in the deceased.