

## 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.

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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.