



**CONSENT FOR SENSITIVE DISPOSAL OF EARLY PREGNANCY LOSS TISSUE  
AND LABORATORY EXAMINATION**

The law requires us to keep a formal record of your wishes relating to pregnancy tissue. If you are unsure or need further information at any time, speak to your consultant or nurse.

**Further support is also available from:**

***Tommy's Charity – telephone number 0800 014 7800 (Monday to Friday, 9am to 5pm)***

***The Miscarriage Association – telephone number 01924 200799 (Monday to Friday, 9am to 4pm)***

**Patient's ID Label:**

|  |
|--|
|  |
|--|

|                      |  |
|----------------------|--|
| Histology Lab Number |  |
| Date of Miscarriage  |  |
| Ward/Department      |  |
| Gestational period   |  |

**What are my options for disposal of the pregnancy tissue?**

We offer you the following choices:

- You may not wish to know about the options or arrangements or be involved in this decision.
- The London Clinic has arrangements in place with St Bartholomew's Hospital for the sensitive communal disposal of pregnancy loss tissue. The pregnancy loss is sensitively handled by all staff throughout the process.
- You can also choose to make your own arrangements for burial or cremation. If you choose to have the pregnancy loss examined under the microscope, the loss can still be returned to you for burial or cremation.

**Changing your mind**

Today you will have signed the sensitive disposal form. You can change your mind regarding your options of either a hospital cremation or private burial/cremation within the first 24 hours (or before you have a surgical procedure). If you do so, then please call the laboratory on 020 3219 3244 or let the doctor / nurse know before the procedure.

### Option 1

☐

I confirm that I have been offered information relating to the disposal of pregnancy tissue but **do not** wish to know about the options. I consent for the hospital to follow the routine process of sensitive disposal of my pregnancy tissue after it has been examined.

### Option 2

I confirm that I have been given verbal and written information relating to the disposal of pregnancy tissue and based on this information:

☐

I consent for the hospital to undertake the cremation of the pregnancy tissue. I understand that there will be no ashes returned to me.

☐

I consent for the hospital to undertake incineration of the pregnancy tissue. I understand that this takes place by a licensed waste company and there will be no ashes returned to me.

**Or**

☐

I wish to make my own arrangements for burial or cremation. I understand that this would involve either a private burial or cremation. I understand that I am responsible for any costs incurred.

I understand that pregnancy loss tissue is usually examined by histopathology, but that this is not essential. After examination under the microscope the tissue remaining can be included in any of the options below. Please be aware that as part of the examination of your pregnancy remains all tissue may be submitted to provide an adequate result. This means that there may not be anything possible to be returned to you if this was your choice.

☐

I consent to the examination of the pregnancy loss tissue by the laboratory. It may be possible to have the tissue blocks cremated if you prefer however this will mean that these will no longer be available if needed for further testing/examination in the future. If you would like the blocks reunited with any remaining pregnancy tissue then please indicate here: \_\_\_\_\_

**Or**

☐

I do not want the laboratory to conduct an examination of the pregnancy loss tissue and wish for the hospital to arrange a cremation or private cremation/burial as indicated above.

### Patient Signature:

Name..... Date .....

Signature ..... Contact Number .....

### Member of staff seeking consent:

Name ..... Job Title/Grade .....

Signature ..... Date .....

Dept/Ward ..... Contact number .....

**NB:** The completed form needs to be sent with the request form to Histology, one photocopy placed in the patient's medical records and one photocopy to the patient.