## **Consent for Histopathological Examination and Disposal of Early Miscarriages**



Use for early pregnancy losses without fetal remains or with a fetus less than 6cms crown rump size, usually first trimester

Part 1:	Patient's Details DO	NOT USE ADDRESSOGRAPH LABELS
Full name:		Date of birth:
		GP's name & address:
		scarriage:
Hospital:	Ward:	Consultant:
Part 2:	Information	
placenta, blood early pregnanc reasons for this have been reat	d clots and decidua (lining of wom cy, fetal remains can only be identified so no embryo may have developed of bosorbed. Also at this very early stage	early months. In most cases the miscarriage consists of the (b). Although a tiny baby may be seen on ultrasound scan in ed in around 1 out of 100 early miscarriages. There are severally the baby may have died quite some time ago and the remaining of pregnancy, the tissues of a tiny baby are very delicate and that tissues, and are not easily seen.
If only a small		ee if a reason can be found for the miscarriage.  ay be necessary to process all of it for examination under the  ling for burial or cremation.
If an embryo, fe	etus or fetal parts are seen your wis	hes concerning their examination and disposal will be followed
Part 3:	Examination of fetal re	emains
		carefully examined by the naked-eye. Then the tissues will be for examination under a microscope.
□lco	onsent to the examination of the fet	al remains
□ I de	o not consent to the examination o	f the fetal remains
Part 4:	Disposal of tissues fro	om miscarriage
will collect ther your hospital. A the tissues retu	m for family burial or cremation. S Ashes cannot be returned to you	ed tissue and fetal remains unless you indicate below that you taff will explain whether <b>burial or cremation</b> is the practice in a <b>following hospital cremation</b> . If you indicate that you wan hey are ready for collection. If you do not arrange this within 3 them.
☐ If fe	etal remains are identified I will colle	ect these and any unprocessed tissues within 3 months
☐ If fe	etal remains are <b>not</b> identified I will	collect any unprocessed tissues within 3 months
Part 5:	Confirmation of conse	ent decisions
Patient's signat	ture	Date
Healthcare pro	fessional's signature	Designation
DDINT NAME		OMO/NIMO

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