

NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH

25 Hospital Street, Constitution Hill, Johannesburg

PO Box 4788 Johannesburg 2000, South Africa

Tel: (011) 712 6400 • Fax: (011) 712 6450

Autopsy enquiries

(011) 712 6444 • (011) 712 6434 • (011) 7126465

CONSENT FOR A POST-MORTEM EXAMINATION

I _____

The *spouse/major child/ parent/ guardian/ major brother/ major sister/

(* Delete whichever is not applicable)

Of the late (name) _____

Age _____ Sex _____

Hereby consent to a post-mortem examination and the removal of such tissues as may be considered necessary for the purpose of the requirements of the Occupational Diseases in the Mines and Works Act (No.78 of 1973)* and for diagnostic, medical education, research and scientific purposes

Signature _____

Witness _____

Witness 2 _____

Place _____

Date _____ Time _____



NATIONAL HEALTH
LABORATORY SERVICE

NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH