

**Cardiac Unit
Institute of Child Health
University College London
30 Guilford Street, London WC1
Tel: 0207 905 2295**

CONSENT FOR CARDIAC EXAMINATION

Following diagnosis and treatment of a major heart problem it is often important that doctors are able to confirm the abnormality following death so that correct information can be provided to you and future patients. We have been asked to examine the structure of your baby's heart in detail and should you agree, the results will be available to you via your doctor. At the same time you can also opt to donate the heart for ongoing research into this type of problem. Before completing this form, please see the notes regarding this consent which should also be available to you and ensure that any questions have been answered to your satisfaction.

- **I consent to a cardiac examination being carried out in the Cardiac Unit at Great Ormond Street Hospital in order to verify diagnosis or treatment**
- **I have read and understand the information leaflet given to me regarding this consent and the examination and have had any questions answered to my satisfaction.**

Signed..... _____
(NAME IN BLOCK CAPITALS)

Date.....

Witness..... _____
(NAME IN BLOCK CAPITALS)

Following the examination:

- **I wish the organs to be returned to my local hospital**

or

- **I agree to donate the heart for research into the causes of the disease.**

Signed..... _____
(NAME IN BLOCK CAPITALS)

Date.....

Witness _____
(NAME IN BLOCK CAPITALS)

Data about this examination will be secured against unauthorised access and no individual will be identifiable from published results without their prior consent.

FURTHER INFORMATION

Please place patient ID label here

Consultant involved in case:.....

Email address for report and images:.....

Phone number:..... Fax number:

Address for report (if different from above):

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Is the specimen to be returned following examination or entered in our archive? : Yes / No

Please indicate other relevant information below: