**Appendix 2:-** Consent letter template to be used by Histology to inform clinical Consultants that consent has not been received. 

**Consultants** **Histopathology Department**

**Dr S Burroughs *Ext 4108*** **Salisbury District Hospital**

**Dr I Cook *Ext 4108*** Salisbury

**Dr M J Flynn *Ext 4001***  Wiltshire

**Dr C Fuller *Ext 4001***SP2 8BJ

**Dr S M Khan *Ext 4107***

Technical Manager Telephone: 01722 336262

Christine White *Ext 2251*  Direct Dial: 01722 429108

 Fax: 01722 341499

Date

Dear

Ref: INSERT PATIENT NAME, DATE OF BIRTH, HOSPITAL NUMBER, NHS NUMBER, ADDRESS.

 Either:

We have received a specimen of pregnancy tissue under 12/40 gestation from this patient. We requested a consent form for disposal of this tissue on (insert date). We would be grateful if you would provide a consent form to allow us to dispose of the specimen according to the wishes of the patient. If we do not receive a consent form within six months, remaining wet tissue will then be cremated. Some ashes remain following cremation which are scattered in the Gardens of Remembrance at the crematorium. Blocks and slides kept as part of the patients’ medical record.

 or (as appropriate)

We have received a tubal ectopic pregnancy specimen from this patient. The tissue has been examined to confirm that this is indeed ectopic products of conception. We would be grateful if you would provide a consent form to allow us to dispose of this tissue according to the patient’s wishes. In the event that no consent form is forthcoming the tissue will be disposed of 6 months from the date we received the tissue. This will be by cremation. Some ashes remain following cremation which are scattered in the Gardens of Remembrance at the crematorium. Blocks and slides will be kept as part of the patient’s medical record.

Yours sincerely,

Dr (INSERT NAME)

Consultant Histopathologist and Lead Clinician.