

Mother's Identification:

Estimated Gestational Age of Fetus: ___ Weeks



International Skeletal Dysplasia Registry

AUTHORIZATION FOR FETAL EXAMINATION INCLUDING DISSECTION

I, _____, bearing the relationship of parent to
 Parent's Name (Please Print)
 Baby Boy / Baby Girl _____, and entitled by law to control the fetal remains, hereby
 authorize and request that authorized personnel in the International Skeletal Dysplasia Registry ("ISDR") and their staff to
 perform a post-mortem examination, including dissection and removal of bone and tissue samples from the remains of said
 fetus. The examination and dissection will also be done in preparation for the work to be done as contemplated in my
 separate consent to have information relating to the fetus included in ISDR research. I also authorize ISDR Laboratory
 personnel to remove such specimens, tissues and/or organs and to retain, preserve and/or contribute the same for such other
 scientific purposes as they shall deem proper, and that they may be disposed of by UCLA in accordance with applicable
 policies. Other than for such items, the fetus will be treated as provided at the bottom of the form. I understand that any
 such information gained from the examination will be held confidential to the extent allowed by law.

This authorization shall be subject to the following restrictions: _____

Signature of Parent Date

Name of Witness (Please Print) Signature of Witness Date and Time

Return of Fetus: Mortuary Authorization (Completed by Next of Kin)

I, _____, bearing relationship of _____
 to _____, hereby authorize the representative of _____
 _____ Mortuary to remove the body of said deceased from the International
 Skeletal Dysplasia Registry.

Signature of Parent Date

Name of Witness (Please Print) Signature of Witness Date and Time

Disposition of Remains

I hereby relinquish responsibility for the disposition of fetal remains to the International Skeletal Dysplasia Registry if gestational age is less than 20 weeks.

Signature of Parent Date

Name of Witness (Please Print) Signature of Witness Date and Time

This form MUST accompany the fetal remains.