

# **8. Annex C: Respondent Information Form**

**Consultation on the Human Tissue (Authorisation) (Specified Type B Procedures) (Scotland) Regulations**

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: <https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

[ ]  Individual

[ ]  Organisation

Full name or organisation’s name

Phone number

Address

Postcode

Email

**Information for organisations:**

The option 'Publish response only (without name)’ is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

The Scottish Government would like your

permission to publish your consultation

response. Please indicate your publishing

preference:

[ ]  Publish response with name

[ ]  Publish response only (without name)

[ ]  Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

[ ]  Yes

[ ]  No

**Consultation Questions**

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| **Question 1**. If there is any proposed medical procedure in the Type B procedure list that you think should **not be included**, please comment here, and provide reasons why you think they should be removed. |

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| **Question 2**. If there is any medical procedure not listed in the Type B procedures list, which you think **should be included** in this category, please comment here, and provide reasons why you think it should be included |

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| **Question 3**. If you think that any amendments to the **wording** in the Type B procedures list are required, please comment here. |

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| **Question 4.** We would like to know your views on the proposed condition that a Type B procedure may only be carried out if there is no Type A procedure which can provide the necessary information. |

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| **Question 5**. We would like to know your views on the proposed condition that the agreement of two Registered Medical Practitioners, which will confirm the requirements for the Type B procedure to be carried out have been met, must be obtained and that the existence of such agreement must be recorded in writing.  |

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| **Question 6.** It is proposed that these conditions should apply to all specified procedures. We would like to know your views on this approach. Please give the reasons which underpin your view. |

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| **Question 7.** It is proposed that all the proposed specified procedures are able to be carried out either with express authorisation by the individual or with nearest relative authorisation. We would like to know your views on this approach. Please give the reasons which underpin your view. |