

Consent and Authorization for Autopsy

Service: _____ Date of Death: _____
Physician: _____ Pager: _____ Time of Death: _____

PART I Autopsy and Limitations

I, (printed name) _____, the (relationship to the deceased) _____, being entitled by law to control the disposition of the remains, hereby request the pathologists of UNMH/OMI to perform an autopsy on the body of said deceased. I understand that any diagnostic information gained from the autopsy will become part of the deceased's medical record and will be subject to applicable disclosure laws.

To my knowledge, the deceased has a living:

Spouse	YES _____	NO _____
Adult Child(ren)	YES _____	NO _____
Parent(s)	YES _____	NO _____
Siblings	YES _____	NO _____

I understand that this examination is not required by law and that this consent does not include organ/tissue procurement for clinical purposes.

I understand that small pieces of specimen tissue from each organ, or area of pathology studied will need to be processed and examined under a microscope and that small specimens of tissue, microscopic slides, and body fluid specimens will be retained according to current standards.

At the completion of the autopsy, all body parts (excluding specimen tissue) will be returned to the body prior to release unless otherwise specified (see part II).

I understand that depending on the clinical situation, autopsy may include auxiliary studies such as analysis of body fluid(s) obtained before or after death, genetic studies, and HIV studies.

In order to confirm/determine the cause of death and the nature and extent of the disease(s) I consent to the pathologist performing an:

A. Unlimited Autopsy _____
(initials)

(OR)

B. Autopsy limited of the examination of the following (circle all that apply): _____
(initials)

Brain only

Brain and spinal cord

Organs of chest cavity

Organs of abdominal cavity

Organs of chest and abdomen

Biopsy only of: _____

Other (specify clearly): _____

Note: An UNLIMITED autopsy is more likely to provide a better understanding of the cause of death and other contributing conditions.

Patient Label

PART II Retention of Organs/Tissues

I consent to the autopsy service to conduct an extended whole organ examination on the brain and/or spinal cord or other organ. The body will be released to the funeral home without the brain and/or spinal cord or other organ. I agree to the fixation of the brain and/or spinal cord or other organ in a special solution (formalin) for 1-3 weeks and examination by a Neuropathologist or other specialist. After examination of the tissue, the brain and/or spinal cord or other organ will be medically cremated at no charge to the family. With medical cremation, there will be no cremains (ashes).

YES / NO
(circle one)

I consent to the autopsy service removing, using, and keeping diagnostic samples and extra tissue for research, teaching, and quality control (for improving the quality of lab testing procedures).

YES / NO
(circle one)

I consent to the hospital removing, using, and retention of whole organs for teaching or potential research purposes.

YES / NO
(circle one)

All materials retained for research and/or teaching will be disposed of in a respectful fashion when no longer required. Specimens will have no identifying information and therefore cannot be specifically retrieved. If used for research, teaching, or medical publication, the deceased's identity will not be revealed.

PART III Families Information Brochure

I have received, read, and understand the Families Information Brochure and acknowledge that the UNMH staff has answered all of my questions to my satisfaction.

YES / NO
(circle one)

PART IV Signatures For Autopsy Consent

(signature)

(printed name)

(signature of person offering consent)

(printed name of person offering consent with title or UHMH affiliation)
include physician number here if applicable_____

(witness, medical staff member)

(printed name with title or UNMH affiliation)

Patient Label

PART V Telephonic Consent (if applicable)

Permission was obtained by telephone.

The above statements were read by the person obtaining permission to the person granting permission. The person granting permission was provided with the opportunity to ask questions regarding the scope and purpose of the autopsy and has acknowledged receiving answers to his or her satisfaction. The undersigned listened to the conversation with the permission of the parties and affirms that the person granting permission gave consent to the autopsy as indicated above.

(signature of person offering consent
physician if UNMH)

(printed name of person offering consent with title)
include physician number here _____

(signature of witness)

(printed name of witness)

(date)

(time)

