



TEXAS DEPARTMENT OF STATE HEALTH SERVICES POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form MUST be completed by the person authorized to give consent to a postmortem examination or autopsy before such procedure can be conducted [CCP Art. 49.32].

This form IS NOT required if an autopsy is ordered by a Justice of the Peace or Medical Examiners as part of a death inquest or ordered by the Texas Department of Criminal Justice under Texas Government Code §501.055 [CCP Art. 49.31].

Persons Authorized To Consent to Postmortem Examination or Autopsy

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
- the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent's estate;
- the adult children of the decedent;
- the parents of the decedent; and
- the adult siblings of the decedent.

If there is more than one person of the same relation entitled to give consent to a postmortem examination or autopsy, consent may be given by a member of the same relationship unless another person of the same relationship files an objection with the physician, medical examiner, justice of the peace, or county judge. If an objection is filed, the consent may be given only by a majority of the persons of the same relationship of the class who are reasonably available. An example of this would be multiple surviving adult children.

A person may not give consent if, at the time of the decedent's death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

Anatomical Gift by Decedent Prior To Death

An anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education by

- the donor,
 - if the donor is an adult; or
 - if the donor is a minor and is:
 - emancipated; or
 - authorized under state law to apply for a driver's license because the donor is at least 16 years of age and:
 - circumstances allow the donation to be actualized prior to 18 years of age; and
 - an organ procurement organization obtains signed written consent from the minor's parent, guardian, or custodian;
- an agent of the donor, unless the medical power of attorney or other record prohibits the agent from making an anatomical gift; a parent of the donor, if the donor is an unemancipated minor; or
- the donor's guardian.

Anatomical Gift of Decedent's Remains by Someone Other Than the Decedent

Unless the decedent has refused to make an anatomical gift in writing prior to death, an anatomical gift of a decedent's body or part for the purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

- an agent of the decedent at the time of death who could have made an anatomical gift under Section 692A.004(2) immediately before the decedent's death;
- the spouse of the decedent;
- adult children of the decedent;
- parents of the decedent;
- adult siblings of the decedent;
- adult grandchildren of the decedent;
- grandparents of the decedent;
- an adult who exhibited special care and concern for the decedent;
- the persons who were acting as the guardians of the person of the decedent at the time of death;
- the hospital administrator; and
- any other person having the authority to dispose of the decedent's body.

If there is more than one member of a class listed above entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to may be receiving the anatomical gift and knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

A person may not make an anatomical gift if, at the time of the decedent's death, a person in a class higher than them is reasonably available to make or to object to the making of an anatomical gift.

Death Inquest by Medical Examiners

Some deaths may require a medical examiner to conduct an investigation or inquest and cause of death certification which may include an autopsy. [CCP Art. 49.25 §6]. These include:

- A body was found and the cause and circumstances of the death are unknown.
- The death is believed to be an unnatural death from a cause other than a legal execution (accident, suicide, or homicide).
- The death occurred in prison or in jail.
- The death occurred within 24 hours of admission to a Hospital
- The death occurred without medical attendance.
- The physician is unable to certify the cause of death.
- The deceased is under six (6) years of age.

Nonaffiliated Physicians

Before signing this form, a representative of the hospital or other institution where the death occurred is required to inform a person authorized to consent to a postmortem examination or autopsy that they may request that a physician who is not affiliated with the hospital or other institution where the death occurred to perform the postmortem examination or autopsy at another hospital or institution.

A person authorized to consent to a postmortem examination or autopsy may also have a physician that is not affiliated with the hospital or institution where the death occurred review the postmortem examination or autopsy conducted by a physician affiliated with the hospital or other institution where the deceased person died.

A person requesting a nonaffiliated physician to perform or review a postmortem examination or autopsy is responsible for any additional costs incurred as a result of the nonaffiliated physician's performance or review of the examination or autopsy.

Beaumont/Jefferson County
PO Box 20097
Beaumont TX 77720
Phone: (409) 726-2571
Fax: (409) 726-2569



www.forensicmedtx.com

Tyler
11980 Highway 155 North
Tyler TX 75708
Phone: (903) 877-3800
Fax: (903) 877-3880

PRIVATE AUTOPSY QUESTIONNAIRE FORM

Name of Deceased: _____

Address of Deceased: _____

Age: _____ Date of Birth: _____ Gender: _____ Race: _____

Date of Death: _____ Time of Death: _____

Place of Death: _____

Name of hospital or healthcare facility where the deceased received treatment, if applicable:

List of medications being taken by the deceased, if known: _____

What do you, as the next of kin, wish to learn from this autopsy? _____

The pathologist will prepare a written report in which his findings and conclusions are summarized. A single copy of the final report will be sent only to the next of kin. Please provide the name and address of the person to whom the report should be sent:

Name: _____ Phone _____

Address: _____
Street Address City State Zip

NOTICES:

Removal, Retention and Disposal of Organs: One or more organs must be removed from the body during the autopsy. All or part of the removed organs may be retained (saved) for study by the pathologist for a period of time to be determined by the pathologist. Any organ tissue removed during the autopsy and not retained (saved) by the pathologist must be disposed (discarded). No records are maintained. No ashes can be saved for the family. No ceremony is performed.

Confidentiality: The content of an autopsy report is confidential and will be provided only to the legal next of kin. **However, if autopsy or toxicology findings indicate the death is due to non-natural causes, we may be required to report findings to the appropriate county agency(ies).** Photographs of the body or parts of the body may also be taken to document certain findings, and will be treated with the same confidentiality as any other part of the autopsy examination and report.

Attendance at Autopsy: One or more pathologists will be present during the autopsy. Other persons may be required to be present to assist the pathologist.

Notification of Possible Failure of Autopsy to Define Certain Disease Processes : An autopsy may successfully define a disease process only if it results in a change in the appearance of one or more organs. Many diseases produce electrical, submicroscopic, chemical, or other changes which cannot be detected by an autopsy examination. It is possible that the pathologist cannot reach a conclusion or answer questions of interest to the next of kin even after performance of an autopsy.

Death Certificate: The forensic pathologist will not complete a death certificate. Death certificates must be completed by the personal physician of the decedent, or in some cases, by the Justice of the Peace. Should the personal physician or Justice of the Peace desire a copy of the autopsy report to assist in the completion of the death certificate, a copy will be provided free of charge.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

| | |
|--|-----------------------|
| NAME OF DECEDENT: | DATE OF DEATH |
| NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE: | TEXAS LICENSE NUMBER: |
| NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED: | |

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure:

None. Permission is granted.

Permission is granted for an autopsy with the following limitations and conditions (specify):

___ Exam is restricted to brain and spinal cord ___ Exam is restricted to the chest and abdomen only

___ Exam is restricted to the chest cavity ___ Exam is restricted to the abdominal cavity

___ Other: (Specify) _____

I authorize the release of the remains to the funeral services provider or person listed below after examination.

| | |
|---|-------------------|
| Name of Funeral Service Provider or Person: | Telephone Number: |
|---|-------------------|

Authorizing Person's Signature

Date

Authorizing Person's Printed Name and Relationship to Decedent

Witness's Signature

Date

Witness's Printed Name

Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code §195.003)



FORENSIC MEDICAL OF TEXAS

Tyler

11980 Highway 155 North

Tyler TX 75708

Phone: (903) 877-3800

Fax: (903) 877-3880

Request for Release of Information

I, _____ the _____
Printed Name Relationship

of _____, _____,
Name of Deceased Date of birth

_____, authorize the release of medical records to Forensic Medical
SS#

Management Services of Texas [Fax number (903) 877-3880] for the purpose of
investigating and/or determining cause and manner of death.

Signature

Date

Printed Name

Address

Contact Phone Number