

*REQUIRED

Forensic Medical Management Services of Texas, P.A.

Autopsy Permit (Hospital)

Facility/Hospital: _____

Ordering Physician _____ Date _____

Part 1. Deceased Identification:

Name: _____

Age: _____ Date of Birth: _____ Sex: _____ Medical Record Number: _____

Date of Death: _____ Time of Death: _____

Part 2. Next-Of-Kin Identification:

Name: _____

Address: _____

City: _____ State/Zip: _____

Telephone No: _____ Relationship: _____

NOTE: EACH SECTION MUST BE READ AND INITIALED BY LEGAL NEXT OF KIN OR BY ORDERING PARTY IF NEXT OF KIN CONSENT IS OBTAINED BY TELEPHONE CONVERSATION.

Part 3. Custody of Body: _____(initial)

Explanation: Only the next of kin who assumes custody of the body for the purpose of burial may authorize the performance of an autopsy.

Statement: I affirm that I am the next of kin who assumes custody of the body for the purpose of burial.

Part 4. Consent: _____(initial)

Explanation: As the next of kin of the deceased person, you may consent to an autopsy being performed.

Consent: I consent to a Forensic Medical pathologist performing an autopsy on the decedent's body.

Part 5. Completeness of Autopsy:

Explanation: The family, attending physician, or the pathologist may agree to limit the scope of the autopsy to answer specific questions of interest. You may limit the autopsy. That is, you may have the pathologist perform only part of a standard or complete autopsy.

Authorization: I authorize the autopsy to be as complete as necessary in the pathologist's judgement:

[] With no limitations _____(initial)

[] Except that the following limitations are to be observed: _____(initial)

Autopsy Permit
Page 2 of 3

Part 6. Removal and Retention of Organs: _____(initial)

Explanation: 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.

Authorization: I authorize the pathologist to remove organs from the body (unless limited in Part 5) and to retain all or part of these organs as deemed appropriate.

Part 7. Disposal of Organs: _____(initial)

Explanation: 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.

Authorization: I authorize all or part of any organs removed from the body during the autopsy to be disposed.

Part 8. Reports: _____(initial)

Explanation: The pathologist will prepare a written report in which his findings and conclusions are summarized. The final report will be sent to the Medical Records department of the referring hospital and to the attending physician.

Requests for copies of the autopsy should be directed to the Medical Records department of the referring hospital. *A Preliminary Autopsy Diagnosis (PAD) will be provided to the Ordering Physician within 72 hours of autopsy completion.*

Authorization: I authorize copies of the autopsy report to be sent to the following: the decedent's attending physician, the decedent's medical record (hospital chart), and the files of the pathologist.

Part 9. Confidentiality: _____(initial)

Explanation: The content of an autopsy report is confidential. The report will be sent to only those persons specified in Part 8.

Part 10: Photographs: _____(initial)

Explanation: The pathologist may elect to take photographs of the body or parts of the body to document certain findings. The photographs are treated with the same confidentiality as any other part of the autopsy examination and report.

Authorization: I authorize the pathologist to take such photographs as are necessary or desirable in his/her judgement.

Part 11: Attendance At Autopsy: _____(initial)

Explanation: One or more pathologists will be present and the attending physician(s) may be present during the autopsy. Other persons may be required to be present to assist the pathologist.

Authorization: I authorize persons whose presence is necessary or desirable, in the pathologist's judgement, to attend the autopsy.

Part 12: Information Desired from Autopsy by Physician:

Explanation: As part of our efforts to reduce the cost of medical care, a complete autopsy may not be performed as this procedure is very labor intensive. The pathologist may elect to focus on certain questions of importance and interest to the next of kin and/or attending physician.

Inquiry: What do you, as the next of kin or attending physician, wish to learn from this autopsy?

Part 13. Notification of Possible Failure of Autopsy to Define Certain Disease Processes

Explanation: 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.

Acknowledgement: I understand that the autopsy procedure has limitations in ability to diagnose diseases and the results of the autopsy may be inconclusive. _____ (initial)

Part 14. Additional Comments:

Part 15. Signature of Next of Kin

Statement: By my signature, which follows, I state the following: I am the next of kin of the decedent identified above; I assume custody of the body for the purpose of burial. I consent to a Forensic Medical pathologist to perform an autopsy on the decedent's body as ordered by the attending physician. Any limitations on the autopsy procedure have been accurately recorded in Part 5. The pathologist may remove, retain, and dispose of organs as described in Part 6 and Part 7. All parts of this permit have been reviewed with me. The autopsy procedure has been explained to me. All of my questions have been answered to my satisfaction.

Signature of Next of Kin

Date/Time

Signature of Additional Next of Kin (optional)

Date/Time

Signature of Witness/Hospital representative

Date/Time

Signature of Second Witness
(Required for Telephone Consent)

Date/Time

Part 16. Authorization of Hospital Personnel

Statement: By my signature, which follows, I authorize the performance of an autopsy by a Forensic Medical pathologist, on behalf of the facility listed above.

Hospital Representative

ORIGINAL SIGNED FORM – Hospital Medical Records

COPY OF SIGNED FORM – Accompany body to Forensic Medical with copies of all medical records

Forensic Medical, P.A.