

Consent and Authorization for Autopsy

Name of Deceased: _____

Date of death: _____

Time of death: _____

I, (printed name) _____, the (relationship to the deceased) _____ of the deceased, _____, being entitled by law to control the disposition of the remains, hereby request Dr. James Bryant, M.D. 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.

Retention of Organs/Tissues:

I authorize the removal, examination, and retention of organs, tissues, prosthetic and implantable devices, and fluids as the pathologist deem proper for diagnostic, education, quality improvement and research purposes. I further agree to the eventual disposition of these materials as the pathologist determines or as required by law. This consent does not extend to removal or use of any of these materials for transplantation or similar purposes. I understand that organs and tissues not needed for diagnostic, education, quality improvement, or research purposes will be sent to the funeral home or disposed of appropriately.

I understand that I may place limitations on both the extent of the autopsy and on the retention of organs, tissue, and devices. I understand that any limitations may compromise the diagnostic value of the autopsy and may limit the usefulness of the autopsy for education, quality improvement, or research purposes. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy.

Limitations: None. Permission is granted for a complete autopsy, with removal, examination, and retention of material as the pathologists deem proper for the purposes set forth above, and for disposition of such material as the pathologists or the hospital determine.

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

Signature of person authorizing the autopsy

Date

Time

Signature of person obtaining permission

Printed name of person obtaining permission

Signature of witness

Printed name of witness