



Affix Patient Label Here

## Example of Hospital Consent for Autopsy (Postmortem Examination)

An autopsy is a medical procedure that is performed to learn more about your loved one’s illness and to better understand the cause of death. Each autopsy provides information to you, your family, doctors, and clinical caregivers. It can also help to improve medical knowledge.

The autopsy uses surgical incisions to allow observation and removal of organs. These incisions will not preclude viewing (open casket) at a funeral. The clothed body will look the same whether or not an autopsy was done.

### Autopsy Consent

I authorize the examination, removal, and imaging of organs, tissues, implanted devices, and fluids as the pathologists deem necessary for diagnosis, education, and quality improvement. I have had the opportunity to ask all questions regarding the scope or purpose of this procedure.

\_\_\_\_\_ I permit a standard autopsy that includes all organs including brain, eyes, and spinal cord.  
(initials)

\_\_\_\_\_ I permit an autopsy with the following limitations and conditions.  
(initials)

### What happens to the organs?

\_\_\_\_\_ I permit **[HOSPITAL NAME]** to keep all organs for examination and teaching and to dispose of them in accordance with hospital policy and in accordance with the law. This provides the best chance to learn the most information and contribute to scientific knowledge and education.  
(initials)

\_\_\_\_\_ I request that after samples are taken, the following organs be returned to the body at the time of autopsy:  
(initials)

\_\_\_\_\_ I request that after samples are taken, all organs be returned to the body at the time of autopsy. I understand that this limits the ability to gather information.  
(initials)

### Organ and tissue samples for research

Organs and tissue samples taken from organs at autopsy not only provide information about the patient's illness but are very important to understanding diseases and conditions that affect all patients.

\_\_\_\_\_ I permit autopsy tissue samples taken from organs to be used for research.  
(initials)

\_\_\_\_\_ I do not permit autopsy tissue samples taken from organs to be used for research.  
(initials)

## Patient disposition

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By signing this consent, I assume responsibility for burial or other disposition of the deceased patient.

\_\_\_\_\_ I have or will select a funeral home or crematorium for disposition.

(initials)

Name of funeral home or crematorium, if known: \_\_\_\_\_

\_\_\_\_\_ I am donating to the State Anatomy Board or outside body donation company.

(initials)

\_\_\_\_\_ I have not yet decided on final disposition but acknowledge my responsibility for burial or other disposition.

(initials)

## Autopsy report

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\_\_\_\_\_ I would like a copy of the final diagnostic autopsy report sent to me.

(initials)

Address: \_\_\_\_\_

\_\_\_\_\_ I would **not** like a copy of the final diagnostic autopsy report sent to me.

(initials)

\_\_\_\_\_ I would like a copy of the final diagnostic autopsy report sent to:

(initials)

Name and address: \_\_\_\_\_

\_\_\_\_\_  
Signature of person authorizing autopsy

\_\_\_\_\_  
Printed name of person authorizing autopsy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Relationship of SIGNER to deceased patient/**I AM THE PATIENT'S**: \_\_\_\_\_

\_\_\_\_\_  
Signature of person  
obtaining/witnessing consent

\_\_\_\_\_  
Printed name of person  
obtaining/witnessing consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
If used, interpreter signature (if in person)

\_\_\_\_\_  
Printed name of interpreter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_ Telephone consent was obtained: The above statements were read by the person obtaining permission to the  
(initials) person granting permission. The person granting permission was provided the opportunity to ask questions regarding the scope and purpose of the autopsy. 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 listed above.

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Printed name of person obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of witness to consent

\_\_\_\_\_  
Printed name of witness to consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time