

Attachment A:

4



Key Plate

AUTHORIZATION FOR AUTOPSY

Death Date: _____ Time: _____

I do hereby state that I am the _____ of _____
(relationship) (deceased patient)

I am the nearest relative (see instructions on back) or legally designated representative and therefore am legally entitled to grant permission for the completion of an autopsy and the removal of organs or tissues for further study on said decedent.

I do, therefore, give my permission for the performance of an autopsy including the removal of organs or tissues from said decedent for diagnostic or other testing, teaching, research and/or other useful purposes, including final disposition thereof those organs and/or tissues. The autopsy is performed without limitations **EXCEPT** as follows:

(If no restrictions, write "none")

RELEASE BODY TO: (must be completed)

Funeral Home

Address

City, State

I am entitled by law to grant this permission:

(Signature of legally designated representative or legal next of kin)

(Street Address)

(City, State, Zip Code)

We the undersigned certify and witness that proper permission has been obtained from the legally designated representative or next of kin as defined on the back of this form.

PHYSICIAN OBTAINING PERMISSION

CHARGE NURSE/HOSPITAL OPERATOR

CLINICIAN REQUESTING NOTIFICATION OR ATTENDANCE AT AUTOPSY:

(Name)

(Beeper number)

(Phone extension)

CLINICAL PREMORTEM DIAGNOSIS

Include questions that may potentially determined by post-mortem examination

1. _____

2. _____

The physician **MUST** provide any essential information needed for the safety of others handling the remains: