



AUTHORIZATION FOR AUTOPSY

2904 WESTCORP BLVD., SUITE 107
HUNTSVILLE, ALABAMA 35805

Deceased: _____
Last name First name MI Hospital #/SSN

Requested by Alabama Organ Center (AOC) for tissue donation

Marital Status: Married Widowed Divorced Single

I hereby state that I am the _____ of the above deceased patient and that I am entitled by law to assume
(Relationship)

custody of the body. In order to determine the cause of death and/or to aid in the diagnosis and treatment of other persons, I do grant permission for the performance of an autopsy and the removal of organs or tissue for further study on the decedent. An autopsy requested by the AOC is performed to determine suitability of tissues for transplant and may not determine cause of death.

I do, therefore, request and authorize a Pathologist of Pathology Associates, P.C. and such persons as he/she may designate, to perform a postmortem examination (autopsy) on said decedent. I understand and acknowledge that it is standard procedure in this medical institution to remove any and all organs and tissues and to retain them for diagnostic, scientific, educational and/or therapeutic purposes and that such organs will be disposed by Pathology Associates, P.C. at the discretion of Pathology Associates, P.C. If the nature and extent of this autopsy or the right to remove, retain or dispose of organs or tissues are to be limited in any way, those limitations MUST BE CLEARLY STATED BELOW. In the absence of stated limitations, it is understood that the Pathologist in charge of this autopsy will be the sole judge of the nature and extent of the autopsy.

I understand that there will be a charge of at least \$5,000 for these services.

EXTENT OF AUTOPSY

COMPLETE AUTOPSY

LIMITED AUTOPSY

Trunk Only Abdomen Only

Head Only Chest Only

Specific organ(s) specify _____

Limitations (specify other limitations or exclusions) _____

Following the autopsy I wish the body to be released to:

(Name of Funeral Home) (City) (State)

(must be next of kin, see instructions on reverse side)

Signature of person authorizing autopsy

Witness

Witness

Date AM/PM

Time

Name of person obtaining authorization

Charges may be incurred for additional studies as deemed appropriate by the physician/pathologist. A fee of at least \$5,000 will be charged for all outpatient autopsies.

*** Notify the Pathology Department/Clinical Lab Supervisor Immediately once authorization is obtained. See instructions on reverse side.**

AUTOPSY: If the physician requests an autopsy, he/she will discuss it with the next of kin and obtain permission.

1. Have the legal next of kin sign the Authorization for Autopsy form and place on the chart.
2. Notify Pathology of requested autopsy during office hours and Lab Supervisor during weekends and after hours. Give decedent's name and location.
3. All drains and tubes, IVs, and catheters are left in place. Casts are removed at the discretion of the Pathologist.
4. Body is transported to Morgue, placed in cooler, autopsy banner placed over body, and logbook completed. Chart, Authorization for Autopsy Form, Authorization for Release of Body and Death Certificate is sent to the Pathology/Lab Supervisor.
5. All pending autopsies must be reported to (256) 533-1480.

INSTRUCTIONS

An autopsy will not be performed until the authorization form is complete and all signatures have been obtained. It is important to do this, therefore, while family members are together and before they leave the hospital. The legal next of kin must give consent for the autopsy. For an adult the following order should be observed:

- 1) Spouse
- 2) Adult children (must be 19 years of age or older)
- 3) Parents
- 4) Siblings
- 5) If none of the above are living, the "next of kin" should be determined on a case by case basis or other individuals authorized by law to dispose of the body.

For a child, only a parent or legal guardian can give the consent.

In exceptional circumstances, when it is impossible to obtain written consent, it may be permissible to obtain consent for an autopsy over the phone, however, there must be two witnesses. If a family member, of the same rank, is opposed to the autopsy, then it will not be performed. Normally autopsies are performed between the hours of 8:00 AM and 4:00 PM.

AUTOPSY EXCLUSIONS

An autopsy will **NOT be performed** due to safety and/or legal issues on:

- Patients over 300 pounds.
- Patients with known or suspected infectious encephalitis including but not limited to:
Creutzfeldt-Jakob disease and CJD variants, rabies, Equine encephalopathies (WEE, VEE, SLE, AND EEE, etc.)
Highly infectious blood or body fluid borne diseases such as suspected Ebola, Lassa fever and other hemorrhagic fevers.
Potential Medicolegal cases including Sudden Infant Death Syndrome (SIDS) (Providence of the State of Alabama)
Other cases which by the judgment of the Pathologist represent an unacceptable risk to autopsy and Environmental Services personnel

AUTOPSY EXAMINATION AND DISPOSITION OF A FETUS

If an autopsy examination is desired on a fetus, an Authorization for Autopsy Form must be signed.

An autopsy will be performed if:

- The fetal size is greater than 500gm (17 oz.)
- The fetal length is greater than 28 cm.
- The fetus is greater than 20 weeks gestation.

If the above criteria are **NOT met**, routine pathology will be performed on the fetus.

IMPORTANT

Notify the Department of Pathology as soon as an authorization has been obtained for an autopsy. The Pathology office (256-533-1480) is staffed daily from 8:00 AM to 5:00 PM. After hours and on weekends contact the Laboratory Supervisor at (256) 265-8048.