


**PATIENT NAME:** \_\_\_\_\_

Print or Affix Patient label at bottom

<b>Printed Name of Person Authorizing Autopsy</b>	<b>Signature of Person Authorizing Autopsy</b>	<b>Relationship to Deceased</b>
<b>Witness (Print)</b>	<b>Signature of Witness</b>	<b>Date/Time</b>

**PERMISSION HAS BEEN OBTAINED BY TELEPHONE**

The statement below was read by the person obtaining permission to the person granting permission, named above. 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 indicated above.

<b>Printed Name of Person Obtaining Permission</b>	<b>Signature of Person Obtaining Permission</b>	<b>Date/Time</b>
<b>Witness (Print)</b>	<b>Signature of Witness</b>	<b>Date/Time</b>

**LIMITATIONS**

- None
- Permission is granted for an autopsy with the following limitations and conditions:
- Brain only    Thoracic Cavity Only    Abdominal & Pelvic Only    Other - Specify: \_\_\_\_\_

I, (named above) being entitled by law to control the disposition of the remains, hereby request the pathologists on staff at Munson Medical Center 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 laws.

**RETENTION OF ORGANS/TISSUES**

I authorize the removal, examination and retention of organs, tissues, prosthetic and implantable devices and fluids as the pathologists deem proper for diagnostic, education, quality improvement and research purposes. I further agree to the eventual disposition of these materials as the pathologists or the hospital determine or as required by law. This consent does not extend to the 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.

*NOTE: This form should be signed by one of the following persons in order of priority as stated below:*

1. Spouse
2. Adult Son(s) or Daughter(s)
3. Either parent (if the deceased was a minor who lived with both parents, it is preferred that both sign)
4. Adult brother(s) or sister(s)
5. A guardian of the decedent at the time of death (as appointed by probate court)
6. Any other person authorized or under obligation to dispose of the body

*If there are several individuals of the same relation they must all agree. For example, in priority level 2, all adult children have equal authority and must be in agreement. When there are disputes within families, every effort should be made to help the family reach a consensus.*

PATIENT ID LABEL