

HOSPITAL LETTERHEAD

CONSENT FOR AUTOPSY**What is an autopsy?**

An autopsy is a medical examination of a person's body after that person has died. It requires a doctor and/or technician to cut into the body and examine and/or remove organs, tissues and fluids for further testing. An autopsy may answer questions about the death or ease concerns about what happened. Also, an autopsy may find conditions or diseases that family members may want to know about since the same conditions may affect them or other members of their family, including future children. An autopsy may provide new medical knowledge and improve medical treatments. In most cases, an autopsy will not delay or interfere with funeral arrangements. If your funeral plans include viewing, the body should look the same whether or not an autopsy is done. There is no charge for an autopsy done at our request. This consent form allows you to choose an unlimited autopsy, or to provide specific limits on an autopsy, or to deny permission for an autopsy. In summary, in deciding whether to consent to an autopsy, the family must balance its wish to answer questions about the death or its desire to further medical knowledge against any objections the family may have about disturbing the deceased's body.

Who can legally give consent to perform an autopsy?

An autopsy may not be performed without the prior written consent of an authorized person. According to Oregon law, the following persons are authorized to give consent to an autopsy.

Authority to Consent to Autopsy: I am -

- The surviving husband or wife; (or, if no spouse is alive >)
- A son or daughter aged 18 years or older; (or, if no children are alive >)
- Either parent (both where possible); (or, if no parents are alive >)
- A brother or sister aged 18 years or older; (or, if no siblings are alive >)
- A guardian of the deceased person at the time of death; (or, if there was no guardian >)
- A person otherwise related to the deceased person; (or, if there are no living relatives >)
- The personal representative of the deceased person's estate or the person nominated, as the representative of the deceased person in their last will.

I, _____ (print name), the closest living next of kin or personal representative to _____ (deceased), have been informed about the purpose of an autopsy and I consent to and authorize a doctor from the above facility to complete the type of autopsy checked below. I understand that any information gained from the autopsy will be put in the deceased's medical record and that I, or other legally authorized persons, will be able to look at the autopsy report.

ADDITIONAL PERMISSION MAY BE REQUIRED

This form only permits a medical procedure to be performed, with informed consent. Any other use or disclosure of the autopsy report, or the organs, tissues or fluids, by the facility completing the autopsy is subject to federal or state privacy laws about protected health information. Additional forms may be required to permit certain genetic or HIV or other tests in relation to an autopsy.

If an authorized person is not available to grant written consent in person, he/she may grant consent by completing this consent form and returning signed form by fax or other electronic transmission.

I hereby give permission for the following type of autopsy OR deny permission for an autopsy (check only one box): (Please ask staff to clarify any terms you do not understand. If no boxes are checked, an autopsy will not be performed.) This form does not allow the use of tissues or organs for transplantation or therapy.

UNLIMITED AUTOPSY Checking this box means that this autopsy will be used to find out the cause of death and to obtain information that can be used to improve medical knowledge. This means that any or all organs, tissues and fluids may be removed and examined or tested. If this box is checked, I understand that these organs, tissues, and fluids may not be returned to the body if the doctor decides they could be used for medical education or research purposes.

LIMITED AUTOPSY Checking this box means that a partial autopsy will be done to find out the cause of death. This means that organs, tissues and fluids may be removed and examined or tested but limits what the doctor and/or technician can do based on your wishes. If this box is checked, an autopsy is allowed with the following limitations:

PART 1: You may limit the autopsy to a portion of the body.

- Exam is restricted to brain and spinal cord Exam is restricted to the chest and abdomen only
 Exam is restricted to the chest cavity Exam is restricted to the abdominal cavity
 Other: (specify) _____

PART 2: You may provide instruction about the disposition of organs and tissue removed during the autopsy.

- Organs, tissues, and fluids may be kept for education or research purposes
 All organs, tissues, and fluids (except the minimum to make a diagnosis) must be returned to the body
 Other: (specify) _____

(If neither of the above three boxes is checked; organs, tissues, and fluids will not be kept for education or research.)

ADDITIONAL INSTRUCTIONS FOR LIMITED AUTOPSY: You may provide additional instructions about the limited autopsy.

- ___ No procedures or tests unrelated to determining the cause of death may be performed.
___ Attendees at autopsy are restricted to those involved with the autopsy procedure.
___ Other: (specify) _____

Please indicate if you would like to receive a copy of the autopsy report. Yes No

Address to be sent to: _____

PERMISSION DENIED Checking this box means an autopsy will not be performed.

Signature of authorized person

Date

Facility where autopsy
will be performed

Signature of witness

Title

Date