



Name

MR#:

DOB:

N/S:

Service/Doctor:

CONSENT TO AUTOPSY

Explanation of the Procedure

An autopsy is a medical and scientific procedure. Its purpose is to find out the cause of death. Autopsies may also help people who are still alive, because they may add to our understanding of medicine and public health issues. Toxicology is not performed as part of the hospital autopsy.

The medical procedure for autopsy requires surgical incisions to allow observation and removal of organs. These incisions do not involve the face or other parts of the body that are visible when the body is clothed.

An important part of an autopsy involves examination and testing of body tissues, fluids and any mechanical devices or equipment that were in or on the body during life. In order to complete this testing, the medical center keeps tissue and whole organs for further examinations and study.

While it is possible, upon special request, to perform a limited autopsy, the findings and results of such an autopsy may be of limited value. As a result, these limited autopsies are not recommended by pathologists, except in special circumstances.

Consent and Authorization for Autopsy

1. I, _____, certify that I am:
(Print name)

- a. ☐ The agent appointed to control disposition of remains (attach written appointment);
- b. ☐ The spouse or domestic partner;
- c. ☐ A child, 18 years of age or older;
- d. ☐ A parent;
- e. ☐ A sibling, 18 years of age or older;
- f. ☐ A legal guardian (attach court order);
- g. ☐ A person, 18 years of age or older, entitled to share in the estate of the decedent;
- h. ☐ A duly appointed fiduciary of the estate;
- i. ☐ A close friend or relative who is reasonably familiar with the decedent's wishes, and who provides a written statement conforming to UHB Autopsy policy and NYS law.

2. I request that the pathologists of SUNY Downstate Medical Center perform an autopsy on the body of the deceased, _____.
(Print Deceased's Name)

3. I certify that I know of no opposition to autopsy by the deceased or by any person of closer or equal relationship to the deceased than myself.



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4. I understand that the results of the autopsy will become part of the deceased's medical record and that I may request a copy of the report when it is complete.
5. I agree to allow SUNY Downstate Medical Center to remove, examine and keep organs, tissues, fluids and prosthetic and implantable devices for further diagnosis, study, education and research as the pathologists think appropriate. I also agree to allow the hospital to dispose of these materials according to hospital procedures and the law.
6. I understand that I may place limits on the autopsy, but that these limits may affect the value and usefulness of the findings.

Limitations and Special Instructions

7. ☐ None. I am requesting a complete autopsy.
8. ☐ I am requesting an autopsy to be performed with the following limitations or instructions:

(Print Name) (Signature) (Date) (Time)

WITNESS: I have witnessed the signing of this form by the agent, relative or friend.

Witness's Name (Print)

Signature

Date

truthfully and accurately to the best of my ability.

Interpreter's Name (Print)

Signature

Date

Approved by: _____
(Print Name) Administrator (Signature) (Date)