

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
 Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

DOCUMENTATION OF REVIEW (COM.10100)

MUSC POLICIES

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
Eowyn Corcraan	03/16/11 EMC	04/08/13 EMC		
Erin Presnell	03/11/11 SEP	03/18/13 SEP		
Ellen Riemer	03/16/11 ECR	03/27/13 ECR		
Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

PROCEDURE MANUAL POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

CONTINUING EDUCATION AND MAINTENANCE OF CERTIFICATION

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

GENERAL MUSC AUTOPSY POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
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Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

MUSC INPATIENT MEDICAL AUTOPSY (POSTMORTEM CONSULTATION) POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
 Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

MEDICAL AUTOPSY CONSENT/FORMS

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Ellen Riemer	03/16/11 ECR	03/27/13 ECR		
Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

MEDICAL AUTOPSY NOTIFICATION (TO PATHOLOGIST)

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
Eowyn Corcrain	03/16/11 EMC	04/08/13 EMC		
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Ellen Riemer	03/16/11 ECR	03/27/13 ECR		
Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

STILLBORN/FETAL AUTOPSIES DELIVERED AT MUSC POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
Eowyn Corcrain	03/16/11 EMC	04/08/13 EMC		
Erin Presnell	03/11/11 SEP	03/18/13 SEP		
Ellen Riemer	03/16/11 ECR	03/27/13 ECR		
Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

OUTSIDE/AFFILIATE HOSPITAL MEDICAL AUTOPSY POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

RELEASE OF HEALTH PROTECTED INFORMATION/ AUTOPSY REPORTS/ SPECIMENS

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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CJD Policy

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	04/08/13 NIB			
Michael Caplan	03/27/13 MJC			
Eowyn Corcrain	04/08/13 EMC			
Erin Presnell	03/18/13 SEP			
Ellen Riemer	03/27/13 ECR			
Cynthia Schandl	03/27/13 CAS			
Lee Marie Tormos	03/27/13 LMT			

INTRA-DEPARTMENTAL AUTOPSY QUALITY ASSURANCE (QA)

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

INTRADPARTMENTAL AUTOPSY QA PROCEDURE:

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

CPC – MEDICAL DISCHARGE/DEATH DIAGNOSES-AUTOPSY FINDINGS QA

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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FORENSIC PATHOLOGY FILE ACCESS POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
 Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

REQUESTS FOR ORIGINAL GLASS SLIDES/BLOCKS

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

ORGAN/TISSUE DONATION

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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BODY DONATION

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Cynthia Schandl	03/15/11 CAS	03/27/13 CAS		
Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

COMMUNICATION WITH MEDIA/OTHER, E-MAIL

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

VIEWING OF DECEDENTS

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
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DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
 Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

AUTOPSY VIEWING

	Date/initials	Date/initials	Date/initials	Date/initials
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AUTOPSY PHOTOGRAPHY POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
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Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

REQUESTS FOR REVIEW OF MUSC AUTOPSY CASES

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
Michael Caplan	03/16/11 MJC	03/27/13 MJC		
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Lee Marie Tormos	03/16/11 LMT	03/27/13 LMT		

HURRICANE/EXTREME WEATHER POLICY

	Date/initials	Date/initials	Date/initials	Date/initials
Nicholas Batalis	03/16/11 NIB	04/08/13 NIB		
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DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

Background

The Medical and Forensic Autopsy Section Adheres to **MUSC POLICIES**

MUSC Code of Conduct: [Link](#)

Standards of Behavior (MUSC Excellence): [Link](#)

MUSC Computer Use Policy: [Link](#)

MUSC Policy Database: [Link](#)

CAP PRACTICE GUIDELINES FOR AUTOPSY PATHOLOGY

The MUSC Department of Pathology and Laboratory Medicine Autopsy Section supports the general concepts endorsed by the Autopsy Committee of the College of American Pathologists, presented in the following document:

“Practice Guidelines for Autopsy Pathology - Autopsy Reporting” Hutchins, GM, et. Al. [link](#)

CAP: Aiding the Living by Understanding Death: family pamphlet explaining autopsy: [link](#)

MUSC Forms, Resources: [Link](#)

Autopsy Resources are under Palliative Care: [Link](#)

How to Ask for an Autopsy: [Link](#)

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

PROCEDURE MANUAL

(ANP .02888) COM.10000

A complete electronic procedure manual will be available online. Electronic copies on CD are updated biennially and are available at the workstations in the autopsy room, autopsy office, and mortuary office. Paper copies are available upon request. The co-directors of the Medical and Forensic Autopsy Section are authorized to make procedure manual changes. Significant changes will be dated and electronically initialed. Procedures are reviewed biennially with documentation via a tracking page at the beginning of each procedure manual chapter. Documentation will be in table format with multiple listings of named procedures, with the reviewer's initials and date beside his/her name. (ANP .03776) COM.10100

The co-directors of the Medical and Forensic Autopsy Section are authorized to review and approve all new policies and procedures and any substantial changes to existing documents prior to implementation. (ANP .04228, COM.10200) If there is a change in directorship, the new director will ensure the autopsy procedures are well-documented and undergo at least biennial review (ANP .04664, COM.10400) When a procedure is discontinued, a paper or electronic copy is maintained for at least 2 years with a record of the initial date of use and retirement date. (ANP .05552, COM.10500)

New members to the Autopsy Section will be required to submit verification of review of the procedure manual via e-mail. All members of the Autopsy Section are required to submit verification of review of significant changes or new procedures via e-mail. (ANP .06440)

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

CONTINUING EDUCATION AND MAINTENANCE OF CERTIFICATION

Each licensed professional is required to, and given time for, participation in continued education.

The Lifelong Learning and Self-Assessment requires completion of an average of 35 Continued Medical Education Credits per year for each two year period of the Maintenance of Certification Cycle. Ten of these credits must be obtained from completion of self-assessment modules. Opportunities are abundant: <http://www.medscape.org/pathology>

The Autopsy Section receives the ASCP Forensic Pathology Check Samples and the CAP Anatomic Pathology Education Programs FR Forensic Pathology Series on a monthly basis. Each allows continuing medical education credits. This material is discussed at Autopsy Conference meetings. (ANP .02000)

The Department of Pathology and Laboratory Medicine weekly journal club provides for Self Assessment Modules and Continued Medical Education Credits, provided that pre and post testing of the activity is complete.

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL
GENERAL MUSC AUTOPSY POLICY: CRITERIA FOR MEDICAL AUTOPSY

Background

The MUSC Department of Pathology and Laboratory Medicine Autopsy Section adheres to the philosophy of medical autopsy adopted by the College of American Pathologists (CAP) and follows all applicable federal, state, and local laws, acts, and criteria.

CAP Guidelines and Criteria for Medical autopsy: [Link](#)

MUSC ADAPTED MEDICAL AUTOPSY CRITERIA GUIDELINES → The physician should request an autopsy based on the College of American Pathologist criteria, which include:

- Inpatient deaths falling under the local/state guidelines for reporting to a medical examiner/coroner jurisdiction that have been reported but subsequently declined for autopsy by that entity.
- Cancer patients in whom there is no prior tissue diagnosis or the source of the primary is unknown.
- Patients dying of internal bleeding - not identified as to source.
- Patients with infections of undetermined type and/or source, including those potentially related to bio-terrorism.
- Transplant patients as well as organ and/or tissue donors.
- Deaths associated with blood component transfusions.
- Patients with a known or suspected therapeutic complication that may have contributed to death (e.g., pharmacotherapy, radiation therapy, chemotherapy, and/or surgical or other invasive procedures).
- Patients who have participated in clinical trials (protocols) approved by institutional review boards.
- Obstetric (maternal and fetal) and pediatric deaths, according to state law.
- Deaths in which there is a known or suspected congenital malformation, genetic disease, syndrome, or undefined metabolic disease.
- Patients with known or suspected environmental or occupational exposures, where the death is believed to be related to that exposure.
- Deaths for which there is no adequate clinical explanation.
- Deaths occurring at any age in which it is believed that an autopsy would disclose a known or suspected illness which may have a bearing on survivors.

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
 Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL
GENERAL MUSC AUTOPSY POLICY: CRITERIA FOR FORENSIC AUTOPSY (CORONER JURISDICTION)

ANP .31100

SC Medicolegal Clearance for Disposition of Decedent

(Included on MUSC death note): [Link](#)

Medicolegal Clearance

The clinician should not talk to the family about an autopsy until s/he has answered the questions below. If any of the circumstances below apply, the clinician must report the death to the coroner *in the county where the underlying injury or incident resulting in death occurred*. Permission for autopsy can be sought only if none of the circumstances below applies, or if the coroner has been notified and has declined to take jurisdiction, or if the coroner has undertaken to sign the death certificate but will allow the hospital pathologists to perform the autopsy. If the coroner cannot be reached you may call the morgue attendant. Contact the morgue attendant for the name of the appropriate coroner (792-4470).

***Circumstances of death involved:**

- Sudden, unexpected, unexplained death
- Admitted unconscious or death within 24 hours after admission or within 24 hours of an invasive surgical procedure
- Death related to medical procedure
- Anesthesia, postanesthesia, in recovery
- Maternal death during delivery
- Prisoner, inmate, in custody, or patient in institution
- Unusual death or suspicion of injury, foul play, violence, or neglect (possible accident, suicide, or homicide)
- Poison or drug-related death
- Injury on the job
- Delayed effect of injury, e.g., pulmonary embolism after hip fracture, post-traumatic seizure, gunshot wound complications
- Apparent stillbirth or infant death (gestation \geq 20 weeks) delivering outside of hospital
- Infant or fetal death due to any of the above, or possible maternal drug abuse or unlawful abortion (excluding legal termination of pregnancy)

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GENERAL MUSC AUTOPSY POLICY: AUTOPSY FAIRNESS ACT or RIGHT TO AUTOPSY

Background

SOUTH CAROLINA CODE OF LAWS: **Title 17 - Criminal Procedures**
CHAPTER 5, CORONERS AND MEDICAL EXAMINERS

Ann Perdue Autopsy Fairness Act - [Link](#)

"If a patient dies in a hospital or a health care facility where invasive surgical procedures are performed, the person authorized to consent, as determined in accordance with Section 44-43-710, has the right to have an autopsy performed. The hospital or health care facility where invasive surgical procedures are performed, in writing, shall inform the person authorized to consent of this right. The notification must inform the person that if there is a charge for the autopsy the cost is to be paid by a private source."

Circumstances requiring notice of death to coroner or medical examiner; persons who may not perform autopsy

SECTION 3. Section 17-5-530 of the 1976 Code, is amended to read:

"Section 17-5-530. (A) If a person dies:

- (1) as a result of violence;
 - (2) as a result of apparent suicide;
 - (3) when in apparent good health;
 - (4) when unattended by a physician;
 - (5) in any suspicious or unusual manner;
 - (6) while an inmate of a penal or correctional institution;
 - (7) as a result of stillbirth when unattended by a physician; or
 - (8) in a health care facility, as defined in Section 44-7-130(10) other than nursing homes, within twenty-four hours of entering a health care facility or within twenty-four hours after having undergone an invasive surgical procedure at the health care facility;
- (E) If the coroner or medical examiner orders an autopsy upon review of a death pursuant to item (8) of subsection (A), the autopsy must not be performed at the health care facility where the death occurred or by a physician who treated the patient or is employed by the health care facility in which the death occurred." July 1, 2010

A Notification of Right to Autopsy document is automatically printed with the MUSC Death Note generated after a patient's death. This document should be provided to family members upon notification of death by MUSC staff/faculty: [link](#)

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
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GENERAL MUSC AUTOPSY POLICY: SPECIMEN AND RECORD RETENTION POLICY

Specimen and Record Retention Policy

The MUSC Department of Pathology and Laboratory Medicine Autopsy Section adheres to the Laboratory Records and Materials Retention Guidelines promoted by the College of American Pathologists (CAP). – [Link](#)
(ANP .33500)

Non-Forensic Autopsy

1. Accession log records - 2 years
2. Wet tissue (stock bottle) - 3 months after final report
3. Paraffin blocks - 10 years
4. Glass slides and reports - 10 years

NOTE: currently, items 1, 3, and 4 are retained indefinitely, unless prevented by an environmental catastrophe with resultant damage or loss of the material.

To emphasize: All wet tissue obtained during medical autopsy procedures will be disposed of three months after the final autopsy report is verified, unless otherwise specified by the pathologist.

NOTE 2: Regarding release of blocks for research purposes: Federal regulations require that a laboratory retain paraffin blocks for two years. The CLA requires, however, that they must be kept for at least 10 years. Blocks may be released for research purposes after the two-year regulatory requirement if adherent to the MUSC Processed Biospecimen Services Policy: [Policy Regarding Research Usage Of Archived FFPE Materials](#)

NOTE 3: [South Carolina Code 44-43-720](#). In performing an autopsy or postmortem examination, no body parts, as defined in Section 44-43-320, removed from the body may be used for any purpose other than to determine the cause or manner of death unless the person authorizing the autopsy or postmortem examination has given informed consent to the procedure. The person giving the informed consent must be given the opportunity to give informed consent on a witnessed, written consent form using language understandable to the average lay person after face-to-face communication with a physician about the procedure. If the person authorizing the procedure is unable to consent in person, consent may be given through a recorded telephonic communication.

Forensic Autopsy

1. Accession log records - Indefinitely
2. Wet tissue (stock bottle) – 1 year
3. Paraffin blocks - Indefinitely
4. Glass slides and reports - Indefinitely
5. Gross photographs/negatives - Indefinitely
6. Body fluids and tissues for toxicology – 1 year
7. Representative tissue suitable for DNA analysis - indefinitely

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Medical and Forensic Autopsy Section – AUTOPSY PROCEDURE AND POLICIES MANUAL

MUSC INPATIENT MEDICAL AUTOPSY (POSTMORTEM CONSULTATION) POLICY

Background

The Medical and Forensic Autopsy Section strives to provide a service with utmost clinical utility. Thus, guidelines are provided to optimize the procedure such that quality assurance, teaching, enhanced clinical relevance, and pertinent diagnostic information sharing is accomplished.

The Policy is approved by the Chair of the Department and the Director(s) of the Section. The Policy is reviewed by the attending pathologists within the section as needed for revision and improvement. Medical autopsy turnaround times for the Section within the Department of Pathology and Laboratory Medicine were reviewed. Previously, turnaround times averaged ~30 days with almost 20% extending to the ~60 day turnaround time range. Clinician requests for autopsy procedures on in-hospital deaths were as low as 4.1%. Procedures and processes were reviewed and changes were implemented in order to achieve an average turnaround time of 5 days for all medical autopsies; this is in lieu of the national standard as set by the College of American Pathologists, which recommends a 30 day turnaround time. These changes were implemented in December 2009; continual improvement has been seen. The Section will continue to strive to meet its internal goal of 5 days for medical autopsies and continue to monitor the turnaround times and the autopsy rates until all goals are met.

Goals

- 1) To provide postmortem consultation (autopsy) to all clinician-requested, next-of-kin approved MUSC inpatient deaths at no charge to the family.
- 2) To facilitate clinical identification of all cases of in-house death that may benefit from postmortem examination – please refer to the College of American Pathologists guidelines: see page 3 of the MUSC [Death Note](#)
- 3) To provide preliminary data to the referring physician electronically within 24 hours of case performance through CoPath/eCareNet reporting and/or personal communication
- 4) To provide final autopsy diagnoses to the referring physician electronically within 5 working days of case performance through CoPath/eCareNet reporting and/or personal communication
- 5) To inform the referring physician by email when the final report is available

Policy:

The Clinical Services decedent care program is outlined in the MUSC Medical Center Policy Manual: [link](#) All MUSC Hospital inpatient deaths require the clinical team to complete a Death Note. Excluding coroner cases, MUSC clinicians are encouraged to request permission from the next-of-kin for an autopsy examination on all appropriate in-house deaths (see MUSC [Death Note](#)). Next-of-kin should be notified in writing of their right to autopsy (see Autopsy Fairness Act). Postmortem examination of patients who die off-premises is appropriate if death occurs within five (5) days of the most recent discharge from the MUSC facility. These cases will be designated by the AM prefix. All other postmortem examinations may be requested by the [next-of-kin](#) and performed on a fee basis ([Private Autopsy](#)).

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The findings of the postmortem examination including findings that were clinically inapparent but important will be documented and used in inter-departmental medical education and quality improvement via correlative clinicopathological teaching to ultimately enhance the quality of patient care. This may be accomplished through a correlative note in the autopsy report, a morbidity and mortality conference, and gross pathology conference. ANP.30575

Internal Procedures/Guidelines

- 1) Cases are referred to Mortuary Services (792-4470) by the requesting clinician; Mortuary Services informs the pathologist on-service or on-call. Once the clinician determines that the case need not be referred to the coroner (see page 2 of [Death Note](#)), next-of-kin permission must be obtained prior to case acceptance - such permission should be sought by the treating physician: [Autopsy Consent Form Link](#) If the next-of-kin is not available in person, use of the fax to obtain consent is encouraged. Otherwise, consent may be obtained by telephone but must be recorded: [Telephone Consent Form Link](#)
- 2) Available clinical records are reviewed and an attempt to contact the referring physician(s) to discuss clinical information is made prior to the start of the autopsy. (ANP .33000) Cases are then performed by the attending and resident pathologists on service in a timely manner. All autopsies at the MUSC Department of Pathology and Laboratory Medicine Autopsy Section are performed or directly supervised by a pathologist board certified in anatomic pathology. (ANP .33050) The Residents and Fellows will follow the [MUSC Resident Supervision Policy](#). Cases received after 2 p.m. on weekdays and 12 noon on weekends/holidays will be schedule for the following day. The maximum number of medical cases may be limited to 2 per day. These times/numbers may be modified by the attending pathologist at his discretion.
- 3) Preliminary reports of the gross pathological diagnoses are generated and verified within twenty-four (24) hours of completion of the gross autopsy examination. Reports are automatically forwarded to the patient electronic medical record and immediately available to the treating clinicians. (ANP .33100)
- 4) Final autopsies reports are generated and verified within five (5) working days of completion of the gross autopsy examination. (ANP .33100) TAT data may be reviewed in CoPath under Turnaround (days) Pathologist. A clinicopathologic correlation summation should be included at the end of each report. An **Autopsy Completion Verification form** should be completed for each case. (ANP .33150)
 - a. The final autopsy report should contain sufficient information to ascertain the decedent's major disease processes and probable cause of death (unless prohibited due to postmortem exam limitations), as formatted in the CoPath system, to include (ANP .33350):

- Case history/clinical summary
- Gross: External and Internal examinations
- Microscopic description and Cassette Summary
- Ancillary studies

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- Case summary and clinicopathological correlation commentary
- Final Diagnoses
- Cause of Death
- If formal intra- and extra-departmental consultations are obtained, they must be documented in the autopsy report and copies of the consultation reports should be filed in the autopsy file. (ANP .30050)

CoPath Preliminary Autopsy Report Headings

Rough Draft	Final (printed) Version	Notes
Preliminary Diagnosis	Preliminary diagnosis	
Preliminary Comment	Leave this blank	
Additional information	Leave this blank	
Clinical Data and History	Case History	Use as 'reason for autopsy'
Cause of Death	Cause of Death	If appropriate, add: <u>Manner of Death</u>

CoPath Final Autopsy Report Headings

Rough Draft	Final (printed) Version	Notes
Microscopic Description	Microscopic Description	
Final Diagnosis	Diagnosis	
Diagnosis Comment	Comments	Use this as your CPC section
Case Summary	Case Summary	
Clinical Summary	Clinical Summary	Use this for your case history
Gross Description	Gross Description	Put external, internal, cassette summary here
Clinical Data and History	Case History	Leave this alone or it will change the verified PAD
Cause of Death	Cause of Death	SEP 03/13

- b. Gross descriptions should be clear and concise, all pertinent findings will be adequately described, and the descriptions will support the diagnosis. (ANP .33200)
 - c. Microscopic descriptions are clear, concise, and support the diagnosis. A cassette summary will be include in each report noting block contents to allow identification of the source of specific microscopic sections. (ANP .33250, .33200)
 - i. Each tissue block is identified by its case accession number and a descriptive number, both inscribed directly on the cassette.
 - ii. Cassettes are submitted into a formalin submerged basket and transported to surgical pathology. Block numbers are entered into CoPath and H&E stains are ordered. The appropriate pathologist to page upon preparation of the histology slides is designated in CoPath. A 1 – 2 day turnaround is expected in routine cases.
- 5) Addenda may be generated after verification of the Final Report, if necessary:
- a. Neuropathology examination requiring brain tissue fixation
 - b. Ancillary study

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- 6) Amended or corrected autopsy reports should include the word '**CORRECTED**' at the top of the report with a brief description of the reason for amendment (prompt generated by CoPath).
- 7) Autopsy records are filed in Anatomic Pathology in sequential order and transferred to electronic media for storage on a regular basis. All AM medical autopsy reports are electronically available in the specific patient medical record and in the pathology electronic Cerner/CoPath system (recoverable and searchable by patient name, autopsy number, medical record number, and diagnoses). (ANP .33400)
- 8) At least 10% of medical autopsy cases will be reviewed for quality during the weekly Quality Assurance Conference (*see Quality Management*).
- 9) Clinicopathological correlation will be documented in all appropriate AM-designated, non-stillborn, medical autopsy cases on inpatient deaths with the **Clinicopathological Correlation (CPC) form**. (*see Quality Management*).
- 10) Protected health information (PHI) will be guarded as per HIPAA regulations. Autopsy reports must not be e-mailed.
- 11) An Autopsy Completion Verification Form will be signed by the attending pathologist after verification of the final autopsy report, endorsing the completeness of the autopsy file (including autopsy permit, digital pictures, complete final report including cassette summary and microscopic description, microbiology culture results if applicable, cytogenetic results if applicable).

Responsible work unit

Patient Care Excellence, Patient Safety, Quality Assurance, Health Information Services

Cas:2/2/11, 2/15/11

SEP: 3/13

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MEDICAL AUTOPSY CONSENT/FORMS (ANP .31070)

A healthcare provider must notify the family/next-of-kin that a postmortem exam can be performed with proper consent (Ann Perdue Autopsy Fairness Act: [link](#)). The treating clinician must request the medical autopsy procedure; otherwise, the next-of-kin may arrange for an independent postmortem examination, usually at their expense. (Steps to obtain autopsy consent, page 12: [link](#)). In accordance with [SC Code of Laws 44-43-720](#), it required that the person authorizing the autopsy, complete or limited, provide informed consent. Tissues will not be used for any purpose other than to determine the cause or manner of death unless the person authorizing the postmortem examination has given informed consent to the procedure. (Autopsy consent/consent to donate tissues to research and education: [link](#))

[South Carolina Code 44-43-710. Consent; who may give consent](#) 2009

A pathologist or a licensed physician or surgeon may conduct a postmortem examination on a dead human body when consent is given in writing by the person prior to his death or when consent is given by the spouse of the deceased; but if the spouse at the time of death was living apart from the deceased, or, if there is no spouse surviving, the consent may be given by whichever one of the next of kin, as determined by law of this State, assumes custody of the body for burial purposes; however, the autopsy must not be performed under a consent given by a person if, before the autopsy is performed, any other next of kin objects in writing to the person by whom the autopsy is to be performed. If two or more persons assume custody of the body, consent of one of them is sufficient. If no next of kin assumes custody of the body for burial purposes, consent may be given by the person who assumes custody of the body for burial. If all of the next of kin are minors, the consent of a minor who is sixteen years of age or older is sufficient. A consent purporting to have been given by a person authorized to give consent is conclusively presumed to have been given by the person.

The Medical Autopsy Section will endorse the following list as the priority of individuals who may give consent for autopsy and direct disposition of the decedent's remains:

Surviving spouse unless legally divorced, legally separated, or pending a court order for the same. In SC, the partner in common law marriage is considered next of kin. If the deceased was never married, was divorced, or if surviving spouse has been declared incompetent, then

Adult children (over 21), if none then,

Adult grandchildren (over 21), if none then,

Parents, if none then,

Adult brothers and sisters (over 21), if none then,

All grandparents, if none then

All adult aunts and uncles, if none then,

All adult cousins, if none then,

All adult stepchildren, if none then,

Relative/Next of kin (in order 2-9 above) of previously deceased spouse, if none then,

Any relative or friend who assumes custody of the body for burial, if none then,

A person given authority to make health care decisions for the patient by another statutory provision, if none then,

Hospital Administrator, 48 hours after death

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RETRIEVAL OF MEDICAL AUTOPSY VERBAL CONSENT

Telephone consent ([link](#)) for a Medical Autopsy is obtained when the next of kin is not physically available to sign the authorization for autopsy.

Access audix message center by dialing 792-4488.

*You will be prompted to “Please enter your password then press #. If this is not your extension press *”*

Step 1: Press * since the extension you are dialing from will not be 24440.

You will then be prompted to “Please enter the mailbox number of the person you are calling. If you have a mailbox on the system press #”.

Step 2: Press # since you are not calling a person but accessing the Medical Autopsy Consent line mailbox. Then dial 2-4440.

You will be prompted to “Please enter your password, then press #”.

Step 3: Enter 23556# (23556 is the password)

“You have now accessed the Autopsy Consent Line. Please listen to the options carefully...”

You want to review the messages.

Step 4: Press 1.

You want to listen to the voice messages.

Step 5: Press 1 for voice messages.

You can access the envelope information at the end of the message by pressing 5 (*this will give you the date and time the consent was given*):

Note the following information which you will need to complete the Telephone Autopsy Consent Form.

1. Date and time of call ;
2. Name of individual obtaining autopsy consent;
3. Name of individual giving consent;
4. Relationship of individual to the deceased,
5. Type of autopsy authorizing (complete/limited (when limited be sure to document the limitations (i.e. chest only, brain only, etc.)

Step 6: Press 6 to forward the message to Phyllis Ross at 2-8725.

Quick Reference Guide

Retrieve Messages	Press 1
Replay Message	Press 4
Play Message Header	Press 5
Rewind a Few Seconds	Press 1 (when you are listening to the message)
Rewind to Beginning of Message	Press 11
Fast Forward a Few Seconds	Press 3
Fast Forward to End	Press 33
Forward Message	Press 6
Save Message	Press 9

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Phyllis Ross is available at the following numbers if you need assistance: Pager 12683; Cell 843-693-4633; Home 843-225-8459.

Abbreviated Directions:

2-4488

Press * - *SKIP THIS STEP IF CALLING FROM A PHONE WITHOUT AND AUDIX SET UP (go directly to press #)*

Press #

Dial: 2-4440

Enter: 2-3556#

Press: 1

Press: 1

To save, press: 9

To forward (i.e. to e-mail) press: 6

Alternative: ask Communications (2-9700) to forward the recording to a phone or e-mail account.

To skip the operator's message, press: 33

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AUTOPSY COMPLETION VERIFICATION

Name: _____ **Autopsy No.** _____

I hereby certify that the enclosed autopsy file is complete as of final signature. (This includes autopsy permit, digital pictures, complete final report including cassette summary and microscopic description, microbiology culture results if applicable, cytogenetic results if applicable.)

Attending: _____

Date: _____

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MEDICAL AUTOPSY NOTIFICATION (TO PATHOLOGIST)

For notification of medical autopsy, mortuary attendants should page the responsible resident according to the published “Autopsy Resident Notification Schedule” posted in the mortuary.

- After hours, if a clinician has a question about autopsy, then the morgue attendant should page the on-call AP resident (otherwise, the on-call resident does not need to be paged**).
- The 3rd shift mortuary attendant should page the rotating medical autopsy resident(s) each work day morning at ~ 8 a.m. to let him/her know if there are medical autopsy cases or not.
- During working hours, the attendant mortuary staff should notify the rotating medical autopsy resident of any medical autopsy cases.
- **Weekends (Friday and Saturday night) and Holidays:** Mortuary attendant must page the on-call resident before 11 pm or after 7 am with any cases.

*** The morgue attendant may need to page the on call resident if tissue donation is authorized by the family, because LifePoint WILL call the resident to ask for permission to harvest either prior to or after the autopsy. The resident on call must make that decision in consultation with the autopsy attending.*

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STILLBORN/FETAL AUTOPSIES DELIVERED AT MUSC POLICY

Full postmortem examination services are provided to stillborn fetuses delivered at MUSC Hospital by the Department of Pathology. Fetuses must be at least 20 weeks gestational age OR greater than 350 grams in weight. Those less than 20 weeks gestational age AND weighing less than 350 grams will be referred to surgical anatomic pathology.

The qualifying stillborn cases receive an AM designation; they will not have APGAR scores or a medical record number. The placenta should be sent by clinicians to surgical pathology if a pathological examination is desired. If cytogenetic studies are indicated clinically, specimens for testing should be collected at the time of delivery by clinicians and sent directly to the Molecular Pathology/Cytogenetics laboratory. Specimens for cytogenetics are not collected at autopsy due to an extremely high culture failure rate in such delayed specimens.

Requests must be made by a treating clinician and the exam will be performed in a timely manner with authorization of the next-of-kin. Excluding the requirement of a MUSC Death Note, the internal guidelines outlined under MUSC INPATIENT MEDICAL AUTOPSY (POSTMORTEM CONSULTATION) POLICY, Internal Guidelines regarding autopsy consent, performance, reporting, and quality management will be followed.

Limited autopsy examinations may be requested; a form for the Limited Autopsy for fetal remains may be submitted at the time of the request. All such limited fetal examinations may include a “babygram” (anterior-posterior full body x-ray) and external examination. Additional components to be determined by permit include: organ specific examination, region specific examination, or head sparing examination.

*Required forms for autopsy are designated on the Tender Memories Chart.
Obstetrics flow charts streamline specimen collection and disposition.*

Photographs of fetal autopsies may be provided upon request to the treating/consulting health care team to include the maternal-fetal medicine attending physician, the clinical geneticist, and the genetic counselor(s).

If send out testing of fetal remains is requested (such as for osteodysplasia), it is advantageous to engage the genetic counselor in order to obtain the following information and permissions. Such send outs will generate a send out accession number for tracking of the case and the pathologist assistant will take a photograph of the remains prior to disposition and maintain a folder for these photographs on the access limited area of the Forensic: drive. Additional photographs may be obtained at the discretion of the pathologist assistant or by request from a member of the clinical team. If a pathologist is required to assist with disposition or documentation of findings, an autopsy case number is generated.

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Fetal Cases for Postmortem Examination at MUSC

Potential Send-Out Testing

NEXT OF KIN TO CHOOSE ONE OPTION BELOW AND INITIAL:

_____ I wish to have send-out research/testing as detailed on the attached consent **only if** no conclusive diagnosis is reached upon completion of the postmortem examination

I understand that if a diagnosis is reached is reached at MUSC, the remains will not be sent out. Thus, disposition will be determined by the parents' request on the autopsy permit; a local funeral home or hospital disposition must be indicated.

If send out is necessary for conclusive diagnosis, no charges will be incurred unless I desire return of the remains from the outside testing facility (please see consent form for fees and procedure).

OR

_____ I wish to have send-out research/testing as detailed on the attached consent **even if** conclusive diagnosis is reached upon completion of the postmortem examination.

I understand that I will be responsible for a fee for this send. If I desire return of the remains from the testing facility, I will be responsible for additional fees.

Signature of mother/Date:

Signature of witness/Date:

Next of Kin Contact information (if applicable):

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OUTSIDE/AFFILIATE HOSPITAL MEDICAL AUTOPSY POLICY

The MUSC Department of Pathology Autopsy Section provides postmortem consultation services (autopsy) to clinician-requested, next-of-kin consented requests on a fee-per-case basis. Outside hospital administration/accounting must authorize payment of the case, prior to the performance of the autopsy.

Required forms may be retrieved at: www.musc.edu/pathology

- 1) Click on the Clinical Services Tab on the left and choose Anatomic Pathology
- 2) Click on Forensic and Medical Autopsy
- 3) Scroll down to Medical Autopsy

Affiliate Hospital Procedures/instructions: [link](#)

Affiliate Hospital Autopsy Authorization: [clinician information, administration approval, permit form](#)

Requests must be made by a treating clinician and authorized by the appropriate hospital administrator. The exam will be performed in a timely manner with informed consent of the next-of-kin. Excluding the requirement of a MUSC Death Note, the internal guidelines outlined under MUSC INPATIENT MEDICAL AUTOPSY (POSTMORTEM CONSULTATION) POLICY, Internal Guidelines regarding autopsy performance and reporting will be followed.

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RELEASE OF HEALTH PROTECTED INFORMATION/ AUTOPSY REPORTS/ SPECIMENS

Medical autopsy information may be released when the next-of-kin grants permission (See [Release of Information Form](#)) or upon subpoena. No in-house (MUSC) medical autopsy reports or information are released from the Department of Pathology and Laboratory Medicine or from the Medical and Forensic Autopsy Section. All requests must be made to the MUSC Health Information Services.

Copies of MUSC medical autopsy reports are filed in the decedent's medical record and can be provided to the next-of-kin through the Health Information Services (Medical Records Office, phone: **843-792-3881**).

Medical autopsy reports are available to General Council through MUSC Health Information Services.

Requests for outside hospital reports must be referred to the respective hospital. Requests for private autopsy information should be referred to the responsible pathologist and will not be provided without directed permission from the next-of-kin.

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CJD AUTOPSY/PROCUREMENT REFERRAL PROTOCOL

Autopsies and postmortem procurements on patients with possible Creutzfeldt-Jakob Disease, Variant CJD or prion disease, will not be performed by the Department of Pathology at MUSC* due to required biosafety level 3 practices:

http://www.cdc.gov/biosafety/publications/bmbl5/BMML5_sect_IV.pdf. In these cases, the National Prion Disease Pathology Surveillance Center (NPPSC) at the Case Western Reserve University in Cleveland, Ohio should be contacted. The NPPSC has contractual agreements with regional facilities across the country for harvesting brains and transporting them to the NPPSC facility for examination at no expense to the requesting physician or family.

The Autopsy Case Coordinator at the NPPSC should be contacted directly and notified of a potential case. Information is available on their website <http://www.cjdsurveillance.com>. The Autopsy Pathologist and/or Assistant may act as a facilitator to assist the clinician in ordering the procedure.

NPPSC personnel review cases for appropriate referral prior to acceptance during working hours on Monday through Friday. If the case is accepted, the NPPSC autopsy case coordinator should arrange paperwork with the family, MUSC, and the facility selected by NPPSC for brain procurement. If the case is not accepted due to inappropriate referral, the MUSC Autopsy Pathologist may perform an autopsy in-house.

If needed, the pathologist or assistant should explain the process to the clinician or assisting staff and may assist in faxing the requested clinical information to NPPSC for review if the following consent is completed by the next-of-kin: [MUSC Authorization to Disclose Protected Health Information](#) prior to transmission of protected health information (PHI) to NPPSC.

Process

- Contact NPPSC with potential CJD case: **(phone 216-368-0587)**
- Clinical information needed for referral of cases to NPPSC includes **(fax: 216-368-4090)**:
 1. Discharge/death summary and clinical course note
 2. Neurology consultation notes
 3. Brain MRI
 4. EEG
- If case is accepted, NPPSC will contact the named next-of-kin for consent (NPPSC [Request for Autopsy Form](#)) after case review.
- The body will be held at MUSC until transport is arranged by NPPSC.
- The brain will be harvested and retained at the procurement facility until transfer to NPPSC. Interested parties should be made aware that the entire process may take several weeks.
- NPPSC will send a final report to the requesting physician.

If rabies is in the differential diagnosis, appropriate postmortem samples are acquired once the brain reaches Ohio. The samples are then sent to the CDC for evaluation. Please ensure that the State Health Department (typically via the Infectious Disease service) is aware.

All relevant costs of this operation are covered by the NPPSC.

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Autopsy Case Coordinator: Assigned upon case referral

National Prion Pathology Surveillance Center

Case Western Reserve University
2085 Adelbert Road
Cleveland, Ohio 44106
Phone 216-368-0587
Fax 216-368-4090

** The transmitting agent of CJD is very resistant to inactivation. Conventional procedures used to inactivate most infectious agents, such as irradiation, extreme temperature, ethanol, formaldehyde, and standard autoclaving, are ineffective against the agent for CJD. For this reason, our policy is to **universally defer all cases of suspected or probable CJD, spongiform encephalopathy, and atypical spongiform encephalopathy** to facilities better equipped to deal with this agent. Pathologists should suspect prion disease with the following clinical presentations: rapidly progressive dementia, dementia with seizures (especially myoclonic), and dementia associated with cerebellar or lower motor neuron signs. Also see CDC guidelines:*

http://www.cdc.gov/biosafety/publications/bmbl5/BMBL5_sect_VIII_h.pdf.

CAS: 07/12

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INTRA-DEPARTMENTAL AUTOPSY QUALITY ASSURANCE (QA)

(ANP .30000)

PURPOSE:

Continuous quality improvement and quality assurance of the Forensic and Medical Autopsy Section is ensured by:

1. Weekly staff meetings at which overall operations and administrative issues are informally evaluated and discussed.
2. Allocated meeting time available for discussion of unusual or difficult cases or complex toxicological workups.
3. Neuropathologist consultation for sectioning of formalin fixed autopsy brains and discussion of findings with fellows and residents.
4. Radiologist consultation for evaluation of pediatric postmortem radiographs.
5. Internal reviews of a minimum of 10% of I autopsy reports generated by each attending autopsy pathologist with completion of a MUSC MEDICAL AND FORENSIC AUTOPSY INTERNAL QA FORM for each reviewed case. Overall results/conclusions are maintained on a shared electronic drive folder entitled OPPE.
6. Review of all cases generated by the forensic pathology fellow by the attending pathologist.
7. Review of all appropriate MUSC hospital autopsies by the attending pathologist with documentation of missed clinical diagnoses uncovered at autopsy.
8. Turnaround time report generated for all medical autopsy and forensic autopsy cases, with results maintained on a shared electronic drive folder.

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INTRADEPARTMENTAL AUTOPSY QA PROCEDURE:

1. Intra-departmental QA will be accomplished by review of a minimum of 10% of completed autopsies by each attending pathologist on at least a quarterly basis using a standardized form. The evaluation will be performed by another autopsy pathologist or group of autopsy pathologists and shall include review of the autopsy report, relevant portions of the case file and microscopic slides, and photographs.
2. All cases will be scored numerically (0-3) based on the degree of agreement or discrepancy noted, with scores of 2 or 3 reported to the (Co)Director of Autopsy Pathology or his/her designee. A summary of the case reviews will be provided to the respective attending pathologist, resident and/or fellow. The attending pathologist shall be informed of any significant report revisions needed. A summation will be presented at the administrative autopsy meeting.
3. Any amended reports will be submitted to the respective coroner or hospital Health Information Services. Should the attending pathologist and reviewer(s) continue to disagree on the proposed significant discrepancy, the case shall be reviewed by all the autopsy pathologists and an addendum report will be issued listing the consensus diagnoses and noting the disagreement. Alternatively, the case may be sent for an outside consultation, with the consult report issued as an addendum to the respective coroner or hospital Health Information Services.
4. All cases performed by fellows will be reviewed by the associated attending pathologist. Quality will be reflected in the fellow's evaluation.

S. Erin Presnell, February 15, 2010

Lee Marie Tormos, March 2011

S. E. Presnell, March 2013

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MUSC MEDICAL AND FORENSIC AUTOPSY INTERNAL QA FORM

CASE NUMBER:

AUTOPSY PATHOLOGIST/RESIDENT:

COUNTY/CLINICIAN:

REVIEW:

External Ex. Diagrams Internal Ex. Photographs Microscopy Final Diagnoses Cause and Manner

QA CODE:

	0	AGREEMENT
	1	MINOR DISCREPANCIES; NO IMPACT ON MAJOR DIAGNOSES OR CAUSE/MANNER OF DEATH
	2	SIGNIFICANT DISCREPANCIES; AFFECTS MAJOR DIAGNOSES BUT NO IMPACT ON CAUSE/MANNER OF DEATH
	3	SIGNIFICANT DISCREPANCIES AFFECTS MAJOR DIAGNOSES AND CAUSE/MANNER OF DEATH

DATE DISCREPANCIES DISCUSSED WITH AUTOPSY PATHOLOGIST:

RESOLUTION:

COMMENTS REGARDING DISCREPANCIES:

TURN AROUND TIME:

Date autopsy performed: _____

Date autopsy verified: _____

IS AUTOPSY FILE COMPLETE (including permit/authorization)? _____

REVIEWER: _____ **DATE REVIEWED:** _____

SEP 01/12/2010, LMT 03/11/2011, SEP 03/18/2013

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**POSTMORTEM CPC – MEDICAL DISCHARGE/DEATH DIAGNOSES – AUTOPSY FINDINGS
QUALITY ASSURANCE**

The findings of the postmortem examination including findings that were clinically inapparent but important will be documented and used in inter-departmental medical education and quality improvement via correlative clinicopathological teaching to ultimately enhance the quality of patient care. This may be accomplished through a correlative note in the autopsy report, a morbidity and mortality conference, and gross pathology conference. (ANP.30575, .30100) Attendance at and participation in the Hospital Morbidity and Mortality Conference for each hospital death is highly encouraged.

All appropriate MUSC medical autopsies will be reviewed by the attending pathologist in preparation for interdepartmental quality assurance (clinicopathological correlations). Missed clinical diagnoses uncovered at autopsy will be documented on the CPC form and reported in summary to the MUSC Medical Executive Director's Office annually. Additionally, newly diagnosed or virulent infectious diseases will be conveyed to the proper reporting agency in a timely manner (i.e. hospital infection control/microbiology laboratory, SC DHEC, CDC). Cases involving sentinel events or other questionable issues will be discussed with hospital Risk Management. (ANP .30150)

Date: June 16, 2007

Reviewer/Date:

S. Erin Presnell, May 27, 2009

S. Erin Presnell, February 2010

S. Erin Presnell, January 13, 2011

S. Erin Presnell, March 18, 2013

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Clinicopathological Correlation (CPC) Form (Assessment of Autopsy/Clinical Findings)

___ * Telephone Conference Requested - Please call Extension # 2-3556

Decedent's Name: _____ Date of Death: ____/____/____

Decedent's MRN: _____ Autopsy Review Date: ____/____/____

Attending Clinician: _____ Reviewer's signature: _____

Attending Pathologist: _____

Assessment Conclusion Regarding Finding(s):

Diagnosis	Category	Comments

Categories:

Category I: Major unexpected finding contributing to death

Category II: Major unexpected finding not contributing to death

Category III: Minor unexpected finding contributing to death

Category IV: Minor finding which might have eventually required treatment

Category V: Minor finding which would not have required additional treatment

Category VI: No additional findings

Category VII: Diagnosis clinically cited but not coded (*codes: HPFscan in eCareNet*)

Send completed Assessment Form to: Nina Epps, Laboratory Services, 336 Children's Hospital

CONFIDENTIAL

S. C. Statutes 40-71-10 and 40-71-20 protect this document from ... discovery, subpoena or introduction into evidence in any civil action

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FORENSIC PATHOLOGY FILE ACCESS

Background

The Policy is approved by the Medical and Forensic Autopsy Section Director(s).

The Department of Pathology and Laboratory Medicine Medical and Forensic Autopsy Section recognizes that appropriate file access and protection of protected health information are imperative to the work flow and confidentiality required of the staff and faculty of the Section.

Policy: Provide appropriate access to files while protecting information.

Procedures/Guidelines

1. Original files are not to leave the Forensic Pathology Section office *unless* they are required for a legal proceeding. These files must be checked out officially by Maxine Robinson, Forensic Operations Coordinator.
2. Original files may be removed from the file cabinet for use within the Forensic Pathology Section office. If removed, a signed or initialed and dated place-marker must be inserted in the file's position. The place-marker indicates that the signee has taken responsibility for the file AND indicates where the file is located (i.e. the signee's office).
3. If the file cabinet is accessed after hours (4 p.m. – 7:30 a.m.), it must be re-locked after use. For security reasons, the file cabinet remains unlocked only during hours when Maxine is present.
4. The file cabinet may be accessed by appropriate faculty, house staff, and the pathologist assistant as needed to perform case-related work.

Rev 3/19/09;1/25/11;2/8/11

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REQUESTS FOR ORIGINAL GLASS SLIDES/BLOCKS

ANP .07328

Recuts of the respective histological blocks are provided when subpoenaed requests for microscopic glass slides are received. The subpoena is filed in the autopsy file with documentation of what was sent, to whom, when, and how. In the event that original slides or blocks are required (for consultation or legal proceedings), the agency will be invited to review the original material at MUSC. If this is impossible, the legal request should be filed in the autopsy file along with documentation of what was sent, to whom, when, and how.

If slides or blocks are received by MUSC, the blocks/ slides and accompanying paperwork will be given the current autopsy case number and filed with the autopsy slides/blocks and autopsy file, respectively. The material will be circulated to the designated pathologist and/or attending pathologist assigned to the case. If it is requested that original slides/blocks be returned, the return should be documented and filed in the autopsy file.

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ORGAN/TISSUE DONATION

LifePoint provides organ and tissue donation services to South Carolina. Any organs or tissues harvested must be authorized by the next of kin (permission obtained by LifePoint personnel), unless the decedent is a registered organ-donor, and the coroner (in forensic cases). The pathologist should not need to communicate with the LifePoint representative directly. In forensic cases, the coroner should verbally inform the pathologist if LifePoint is allowed to harvest tissue or organs. The pathologist should specifically request any blood or other body fluids required for postmortem analysis to be obtained prior to donation.

<http://www.lifepoint-sc.org/>

BODY DONATION

The Department of Pathology does not accept bodies for donation. Please refer any callers to the Department of Regenerative Medicine and Cell Biology: 843-792-3521. Of note, a body may not be autopsied prior to donation.

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COMMUNICATION WITH MEDIA/OTHER

Forensic autopsy cases may only be discussed outside the section when under subpoena or directly with the referring coroner, unless the coroner has given permission to speak with other individuals. Medical autopsy cases may only be discussed with the legal next-of-kin and the decedent's treating physicians/medical care staff, unless authorized by a 'Medical Release of Information' form completed by the next-of-kin or a subpoena.

Medical Release of Information form: [link](#)

Any forms of media contacting a pathologist should be referred to MUSC Public Relations Office at 792-3621. MUSC Public Relations will investigate and approve or disapprove the request, arrange an escort for media personnel (if appearing in person), and will review the product (with privileges of editing) when indicated.

Please also refer to the HIPAA CATTs Module (Log-In required): www.musc.edu/catts

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E-MAIL - Also see the University Compliance Office - [Link](#)

Only send e-mails containing identifiable protected health information (PHI) including photographs if required for patient care including treatment, payment, and health care operations or those directly authorized by the patient or verified designee.

All e-mails sent outside of the MUSC system must be encrypted if they contain PHI. The Secure Mail IronPort system should be used to send PHI when e-mailing outside the MUSC Exchange system: [Link](#)

Do not put patient's name or any accession number or medical record number in the subject line. In the body of the email only use the first initial and last name or the medical record number.

Limit the information to that necessary; do not include a diagnosis.

Communicating the results of AIDS/HIV tests is prohibited.

The requirements are the same for e-mails sent both to an address in or out of the MUSC intranet; however, encryption is not required within the intranet.

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VIEWING OF DECEDENTS

Viewing of decedents should occur in the hospital room or Emergency Department. Viewing of decedents in the MUSC Mortuary area is discouraged. If allowed, the mortuary staff is not to conduct viewings without the next of kin being accompanied by a nurse or chaplain. Morgue attendants are not trained to deal with medical emergencies or the emotions of the bereaved, which is why a trained professional must be present. Mortuary staff will not be using defibrillators.

Civilians should not have access to the mortuary beyond the outer waiting area for infection control reasons and because there may be other activities occurring that a civilian should not witness.

The coroner does not decide how or where a viewing will occur in the MUSC mortuary area. The coroner's authority is limited to approving or denying the viewing of a forensic case.

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AUTOPSY VIEWING

Individuals associated with **MUSC** (students, residents, faculty) may watch an autopsy for educational purposes *when appropriate*, if they have been fitted with a Tb mask and adhere to HIPAA regulations.

Individuals over the age of 18 years and not affiliated with MUSC whom are interested in forensic pathology may participate after applying through the MUSC volunteer office or MUHA job shadowing program; this allows proper screening and counseling.

Volunteer Services phone = 792-3580. (See [Link](#) for volunteer application).

Job Shadowing: [Link](#)

Due to the risk of biohazard exposure, protection of evidence, and concerns with patient privacy issues, all spectators in the autopsy room will wear long pants and closed toed shoes. Once prosection has begun, spectators will don appropriate PPE – personal protective equipment (booties, gown, gloves, mask, face shield, bonnet) in observation of Standard Precautions. Also see the MUSC Bloodborne Pathogen Exposure Control Plan: [link](#)

If a biohazardous exposure occurs, the individual should wash the area then wash area, report the exposure (**Employee Health Services – 792-2991**) and go to the Emergency Department/Student health/Employee health. If the exposure occurs “after hours”, the Hospital Service Coordinator should be paged. The decedent’s blood should be sent for HIV, Hepatitis B, and Hepatitis C testing. For specific information regarding the MUSC Bloodborne Pathogen Exposure Protocol, see [Link](#)

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AUTOPSY PHOTOGRAPHY POLICY

Background

The Policy is approved by the Medical and Forensic Autopsy Section Director and reviewed as needed by the Medical and Forensic Autopsy Section Faculty.

The Section recognizes the importance of restricting access to autopsy photographs for the privacy and protection of the decedent's family as well as for appropriate law enforcement investigation and judicial proceedings.

Policy: Autopsy photographs will be taken by the Forensic Pathology team or the Coroner only.

Purpose

- To sustain a photographic record policy that allows for a single version of autopsy photographs to be obtained;
- To sustain a photographic distribution policy that supports coroner investigation while protecting privacy;
- To sustain a photographic distribution policy that provides coroner-directed access to autopsy photographs; and
- To remain fiscally responsible while sustaining these policies.

Responsible work unit

Photographic evidence quality

Photographic evidence access

Cost recovery

Procedures/Guidelines

- I. Autopsy photographs will be taken by the Forensic Pathology team for every forensic autopsy to include, but not be limited to the following:
 - a. Body as received
 - b. Body unclothed
 - c. Close-up of face
 - d. Pertinent injuries (external)
 - e. Specific law enforcement or coroner photo request
- II. At the time of the autopsy, the coroner may request verbally that a copy of the photographs be provided to an *attending* law enforcement official at no charge.
- III. After the autopsy is completed, the coroner may provide written request that a copy of the autopsy photographs be mailed to the coroner's office at no charge.
- IV. After the autopsy, law enforcement or judicial bodies may request copies of the autopsy photographs *either* by subpoena *or* by written request from the coroner. The law enforcement or judicial body will then be subject to the following fees:
 - a. \$15 per CD for digital photos
 - b. Plus actual postage
- V. At the discretion of the Forensic Pathology team, discs that are released may be password protected to prevent unauthorized opening, copying, distributing, posting or printing.

cas:9/10; 2/11; 3/11

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REQUESTS FOR REVIEW OF MUSC AUTOPSY CASES

The primary pathologist responsible for a case should be the individual to whom all inquiries concerning a particular autopsy are addressed, whether reimbursable or non-reimbursable opinions are solicited. If no conflict of interest is identified, a second pathologist at his/her discretion and after informing the primary pathologist may offer his/her opinion when retained.

Pathologists reviewing autopsy cases performed at MUSC Hospital by another pathologist who is no longer working at MUSC will charge a professional fee of \$200 dollars per hour for their time. This hourly rate will apply to time spent reviewing case materials, conference time with counsel, preparing for deposition testimony or trial testimony, deposition or court/trial testimony time, and travel time to and from deposition or trial testimony sites. Bills will be submitted within 2 weeks of completion of the service.

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Michael J. Caplan, MD
S. Erin Presnell, MD
Ellen Riemer, MD, JD
Lee Marie Tormos, MD
Cynthia Schandl, MD, PhD

July 8, 2009; February 8, 2011; March 2013

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HURRICANE/EXTREME WEATHER POLICY

In the event a hurricane, damaging tropical storm, or other severe weather strikes the Charleston area, the MUSC Department of Pathology Autopsy section will suspend service for 24 – 48 hours prior to reassessing the situation. Calls concerning scheduling of autopsies may be directed to the appropriate on-call person. On-call persons should keep in communication with the autopsy attending for direction. The on-call person or attending will keep in communication with the autopsy technician. Mortuary personnel will staff the morgue throughout the storms.

Up-to-date weather emergency information may be found at the Risk Management – Weather Emergency Information website - [Link](#)

Protection of Computerized Equipment in Weather-related Emergency:
<http://www.musc.edu/infoservices/disaster/computers.html>