

Medical University of South Carolina
Medical and Forensic Autopsy Section

Consent for Postmortem Examination (Autopsy, Necropsy) – Affiliate Hospital

- REQUESTING HOSPITAL NAME:
- ADDRESS:
- PHONE:

Notice of Cost: Complete Autopsy

\$3500 (through 12/31/1)

Patient Name:

Date of Birth:

Date of Admission:

Date/Time of Death:

Body Disposition:

Estimated Arrival to MUSC:

Autopsy Requesting Physician Information

**For HIPAA Compliance reasons, this form
IS NOT TO BE SAVED WITH PATIENT INFORMATION**

When ordering an autopsy, provide the following information:

Principle clinical diagnosis and suspected underlying cause of death:

Areas of clinicopathologic correlation you would like clarified by autopsy:

Potential hazards of autopsy (i.e., infection, radiation, defibrillation device):

Requesting Physician (Print): _____

Signature: _____ **Date/Time:** _____

Phone: _____ **Email:** _____

AUTHORIZING ADMINISTRATOR* (Print): _____

Signature: _____ **Contact email:** _____ **Phone:** _____

**No case can be accepted without payment guarantee authorization by an appropriate Hospital Administrator.*

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Next-of-kin must read, have the opportunity to discuss, and ultimately understand the following:

The **autopsy** is a medical and scientific procedure, intended to establish the cause of death, and to determine the medical and scientific reasons for that death. Each autopsy contributes to our knowledge and understanding of medicine and may benefit persons still alive. The procedure will require surgical incisions to allow observation and removal of organs. No visible disfigurement of the clothed body is to be expected.

A necessary part of the diagnostic component of the autopsy includes the retention of portions of tissue, fluids and/or prosthetic devices for microscopic, microbiologic, chemical, or other examinations. To assure that important diagnostic material is available, whole organs may be retained for further detailed study. I agree to the use of these materials for diagnosis, education, and quality improvement and to their eventual disposition by the hospital. If material is to be used for these purposes, anonymous medical information may be released with the specimen.

I understand that I may request, in writing prior to the start of the autopsy that no organs may be retained and all should be sent to the funeral home with the body. This may compromise the diagnostic and educational value of the autopsy by making these materials unavailable for expert consultation or further study, and is therefore NOT recommended by the pathologists.

I, _____ (printed name) bearing the relationship of

_____ to _____ (deceased name), the deceased and entitled by law to control the disposition of the remains, hereby authorize and request the pathologist(s) and other physicians of the Medical University of South Carolina to perform an autopsy on the body of said deceased as follows:

- Complete Autopsy
- Autopsy limited to (specify): _____
- Other restrictions: _____

This authorization information gained from the autopsy will become part of the patient's medical record and will be held strictly confidential to the extent required by law. A physician has fully explained the autopsy options.

I have read the Consent for Postmortem Examination (Autopsy, Necropsy), have had the opportunity to discuss it, and understand it.

 Signature of next-of-kin Next of Kin Phone: _____

 Signature of physician Printed name of physician _____

 Witness Printed name of witness _____

Date _____ Time _____

Rev: