# The Medical Autopsy

## DOCUMENTATION OF REVIEW

### CAP PRACTICE GUIDELINES FOR AUTOPSY PATHOLOGY

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### MUSC INPATIENT MEDICAL AUTOPSY (POSTMORTEM CONSULTATION) POLICY

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### CORONER JURISDICTION

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### CASES IN WHICH MEDICAL AUTOPSY SHOULD BE REQUESTED

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### MEDICAL AUTOPTSY CONSENT

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### Medical Autopsy Notification (To Pathologist)

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### Stillborn/Fetal Autopsies Delivered at MUSC (AB) Policy

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### Outside/Affiliate Hospital Medical Autopsy Policy

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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]
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 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 Cerner/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 Cerner/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). 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).

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
**Leader Evaluation Manager (LEM) Goals include:**

**Service** Track preliminary autopsy diagnoses to ensure at least 80% are verified within 48 hours.

**Service** Ensure participation in Fetal Board & Pediatric Quality conferences in which autopsy cases are presented 70% of the time.

**Quality** Review 10% of hospital medical autopsies for clinicopathological correlations.

**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 scheduled 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 (eCareNet) 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. 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 Cerner system, to include (ANP .33350):
      - Case history
      - External examination
      - Internal examination
      - Cassette summary
      - Microscopic description
      - Ancillary studies
      - Case summary and clinicopathological correlation commentary
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)

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, .33300)

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 with the appropriate histology paperwork citing the number of blocks and the appropriate pathologist to page upon preparation of the histology slides. A 1 – 2 day turnaround is expected in routine cases.

5) Addenda may be generated, preferably prior to verification of the Final Report, if necessary:

a. Neuropathology examination requiring brain tissue fixation

b. Ancillary study that alters the cause of death

6) Amended autopsy reports should include the word ‘AMENDED’ at the top of the report with a brief description of the reason for amendment.

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 system (recoverable and searchable by patient name, autopsy number, medical record number, and diagnoses). (ANP .33400, .33450)

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” or “AB”-designated 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.

Responsible work unit
Patient Care Excellence, Patient Safety, Quality Assurance, Health Information Services

Cas:2/2/11, 2/15/11
CORONER JURISDICTION
(ANP .31100)

Certain deaths fall under the jurisdiction of the coroner and should be referred to the coroner of the county in which the decedent originated, prior to approaching the family with a request for a medical autopsy.

SC Medicolegal Clearance for Disposition of Decedent
(Included on MUSC death note): Link

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<td>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 coroner.</td>
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*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 ≥ 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)

If any of these criteria are applicable to the decedent’s death, the coroner must be contacted. Otherwise, or if the coroner declines the case, the family may be informed of their right to an autopsy.
CASES IN WHICH MEDICAL AUTOPSY SHOULD BE REQUESTED

**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.
MEDICAL AUTOPSY CONSENT
(ANP .31070)

A clinician must notify the family/next-of-kin that a postmortem exam can be performed with the next-of-kin’s consent (Ann Perdue law: 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. It is required by state law that the next-of-kin be the individual to authorize an autopsy, whether complete or limited. Next-of-kin is defined as:

**NEXT OF KIN:** In accordance with SC Code of Laws 44-43-330, there are very specific legal requirements regarding relatives who qualify to give consent for autopsy. The statute requires that the living person with the highest priority rank be the signer (s) of the autopsy consent. This following list is 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

**Note:** If two or more persons assume custody of the body, consent of one of them shall be deemed sufficient, but if this situation occurs, please contact the pathologist before proceeding with autopsy authorization.
AUTOPSY COMPLETION VERIFICATION

Name: ___________________________ Autopsy No. _________________

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

Attending: ________________________________

Date: ________________________________
CHECKLIST

NAME: ________________________________________________

AUTOPSY #: ______ - 11 - __________

Date Provisional Report Sent (AO only) / Email Notification (AM/AB): __________
(Please underline method of notification)

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__  Medical Records (AB Cases Only)
   Please deliver within 24 hrs after verification

__  Autopsy Permit in File

Date Final Report Sent (AO only)/ Email Notification (AM/AB): __________
(Please underline method of notification)

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__  Email Request for Billing (AO Cases Only)
   Clint Infinger – Academic Business Office

__  Medical Records (AB Cases Only)
   Please deliver within 24 hrs after verification

__  Send Completed Correlation Form to Nina Epps (2-1906)
   (AM Cases Only)

Revised: January 2011
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):**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Category</th>
<th>Comments</th>
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**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

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 A ... discovery, subpoena or introduction into evidence in any civil action

*see Clinical Diagnostic Codes submitted by MUSC under HPFscan in eCareNet.*
RETRIEVAL OF MEDICAL AUTOPSY VERBAL CONSENT
Telephone consent 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
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
MEDICAL AUTOPSY NOTIFICATION (TO PATHOLOGIST)

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 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.**
MEDICAL AUTOPSY SPECIMEN AND RECORD RETENTION POLICY

(ANP .33500)
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), as follows: link

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. Wet tissue includes all ‘Man in the Pan’ and ‘Save’ specimens.

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. Nevertheless, blocks may be released for research purposes after the two-year regulatory requirement if all of the following criteria are met:

1. The written consent of the patient is obtained. The consent must include formal authorization in accordance with the requirements of HIPAA, if identifiable patient information is released.
2. Sufficient blocks are retained to support the diagnosis for the full 10-year period.
3. Provision is made for retrieval by the laboratory of any blocks or material that remain after use in research, if the blocks or material are needed for diagnostic, legal, or other legitimate purposes.
4. Other relevant requirements including but not limited to the requirements of the institution, the directives of any applicable institutional review board (IRB) or similar entity; and state and local laws and regulations are met.
STILLBORN/FETAL AUTOPSIES DELIVERED AT MUSC (AB) 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 AB 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 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 K: 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.
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):
## TENDER MEMORIES FORMS

### REQUIRED FORMS

<table>
<thead>
<tr>
<th>FORM ▶</th>
<th>MUH Report of Death Form, Disposition of Body, Section B &amp;/or C</th>
<th>DHEC Report of Fetal Death Form</th>
<th>Birth Certificate</th>
<th>Death Certificate</th>
<th>Certificate of Birth Resulting in Stillbirth (Hunters Law)</th>
<th>Certificate of Birth Resulting in Stillbirth (Hunters Law)</th>
<th>Cyto genesis* Requisition (for placental sample)</th>
<th>Anatomic Pathology Consultation Request</th>
<th>Anatomic Pathology Consultation Request</th>
<th>Anatomic Pathology Consultation Request</th>
<th>Autopsy/Surgical Pathology exam for fetus</th>
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<tbody>
<tr>
<td><strong>SCENARIO ▼</strong></td>
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<tr>
<td>Live birth &lt; 20 weeks AND &lt;350 grams (No resuscitation / No Apgars)</td>
<td>X</td>
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<tr>
<td>Live birth ≥ 20 weeks OR 350 grams (No Apgars / NO resuscitation / NO MRN)</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>X</td>
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<tr>
<td>Live birth ≥ 20 weeks OR 350 grams (WITH resuscitation / Apgars)</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>IUFD &lt;20 weeks AND &lt;350 grams</td>
<td>X</td>
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<tr>
<td>IUFD &gt;20 weeks OR 350 grams</td>
<td>X</td>
<td>X</td>
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### OPTIONAL FORMS

<table>
<thead>
<tr>
<th>FORM ▶</th>
<th>MUH Report of Death Form, Section C (for disposition)</th>
<th>DHEC Induced Termination Form</th>
<th>Verification letter (Must be made available to patient at least 24 hours prior to induction start)</th>
<th>Informed Consent for Termination</th>
<th>Surgical Consent</th>
<th>Cyto genetics* Requisition (for placental sample)</th>
<th>Anatomic Pathology Consultation Request (for fetus &amp; placenta)</th>
<th>Anatomic Pathology Consultation Request (for placenta)</th>
<th>Autopsy/Surgical Pathology exam for fetus</th>
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<tbody>
<tr>
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<tr>
<td>Induced termination D&amp;C / D&amp;E (all gestational ages)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Induced termination Induction of Labor &lt;20 weeks &amp; 350 grams</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Induced termination Induction of Labor &gt;20 weeks or 350 grams</td>
<td>X</td>
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<td>Products of Conception (POCs)</td>
<td>X</td>
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The distinction for fetal postmortem exam (autopsy vs. surgical pathology) is based on DHEC requirements for Report of Fetal Death (greater than or equal to 20 weeks gestation or 350 grams).

*Note: If desired, a placental specimen for cytogenetics and/or microbiologic cultures should be obtained at the time of delivery; material for cytogenetics will not be routinely obtained by pathology personnel.

Induced terminations of pregnancy do not require a Certificate of Birth Resulting in Stillbirth

Tender Memories Checklist is REQUIRED for all inpatient fetal deaths

Revised 9-28-2010

Approved:___________________________ Date:______________
**INDUCED TERMINATION** of pregnancy algorithm

**MD**
- Arrange for additional genetic studies as appropriate
  - Complete forms:
    - Cytogenetics Requisition Form
  - Obtain
    - Placental tissue (obtained at delivery) in Hanks (no consent required)
- Send to Fast Flow Lab for Cytogenetics

**Cytogenetics**
- Send
  - H&P (if obtained)
  - Cytogenetics results
  - Ultrasound report
  - OB records (if applicable)

**Delivery**
- Patient admitted
- Initiate Tender Memories Checklist
- Initiate Comfort Care policy
- See Tender Memories Forms on reverse

**Autopsy / Pathology**
- MD performs external exam of infant
- NURSE wrap and label infant & placenta
- ALL DOCUMENTATION PLACED IN MOTHERS CHART
- NO INFANT MEDICAL RECORD IS GENERATED

**Autopsy / Pathology**
- YES
- NURSE Prepare copies of H&P, Progress Notes, Delivery information, Tender Memories Checklist for morgue attendant
- Notify morgue attendant for pick up
- NO

**MORGUE ATTENDANT**
- Review MUH Report of Death Form for completion
- If ≥ 20 weeks or 350 grams:
  - Review DHEC Report of Fetal Death
  - If Autopsy: Copies of H&P, Progress Notes, delivery information, Tender Memories Checklist
  - Infant to morgue
- If < 20 weeks and 350 grams:
  - If Anatomic Pathology Consultation request, infant to surgical pathology
  - If no Anatomic Pathology Consultation request, infant to morgue
  - Placenta:
    - If Anatomic Pathology Consultation request, transport to surgical pathology.
    - If no Anatomic Pathology Consultation request, transport to morgue with fetus.

**Disposition**
- YES
- Private
- MUSC
- NO

**Induced Termination DEFINITION**: Purposeful interruption of an intrauterine pregnancy with the intention other than to produce a liveborn infant and which does NOT result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death. (Guidelines for Perinatal Care by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists – 6th edition)

**Induced Termination can be performed up to 24.6 GA**

Rev 9-28-2010

Approved By:__________________ Date:____________
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. No hospital contracts are required, but the 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 Laboratory Services Tab on the left and choose Anatomic Pathology
2) Click on Autopsy Pathology
3) Scroll down to Medical Autopsy

Affiliate Hospital Procedures/instructions: link
Affiliate Hospital Autopsy Authorization: clinician information, administration approval, permit forms

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 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 performance, reporting, and quality management will be followed.
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 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 the 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.