

PARKLAND HEALTH & HOSPITAL SYSTEM

Dallas, Texas

AUTHORIZATION FOR AUTOPSY

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Place EPIC label here



CON130

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Patient Information:

Date of Death: ___/___/___ Time of Death: ___:___ Military Time Service/Location: _____

For all Infant Deaths: Weight _____ Grams Still Birth Live Birth Time of Birth: ___:___ Military Time

Attending Physician: (printed name) _____ Attending Physician ID No.: _____

Persons Authorized to Consent to Postmortem Examination or Autopsy:

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
- the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent's estate;
- the adult children of the decedent;
- the parents of the decedent; and
- the adult siblings of the decedent.

Legally appointed guardian

If there is more than one person of the same relation entitled to give consent to a postmortem examination or autopsy, consent may be given by a member of the same relationship unless another person of the same relationship files an objection with the physician, medical examiner, justice of the peace, or county judge. If an objection is filed, the consent may be given only by a majority of the persons of the same relationship of the class who are reasonably available. An example of this would be multiple surviving adult children.

A person may not give consent if, at the time of the decedent's death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

Medical power of attorney void at time of death

Authorized Consent for Autopsy:

I, (printed name) _____, being the individual authorized to consent to an autopsy, hereby consent the Department of Pathology to perform an autopsy on the body of the patient named above, to determine the cause of death, to document existing medical conditions, and to provide information to physicians that may contribute to the care and treatment of living patients. I authorize the removal, examination, preservation, study, and retention of organs, tissues, prosthetic/ implantable devices, and fluids as the Pathologist deems proper for diagnostic, education, quality improvement, and research purposes. I understand that organs and tissues not needed for diagnostic, education, quality improvement, or research purposes will be disposed of as deemed appropriate by the Department of Pathology or as otherwise required by law. This authority shall be limited only by the conditions expressly stated here:

Restrictions or special limitations: (please check one)

- None. Permission is granted for a complete autopsy, with removal, examination, and retention of materials as the pathologists deem proper for the purposes set forth above and for the disposition of such material as the pathologists or hospital determines.
- Permission is granted for an autopsy with restrictions or special limitations as specified on the Texas Department of State Health Services Form VS-200.

You must inform the family that they can request a nonaffiliated hospital to perform the autopsy

Acknowledgements: (please confirm by checking each statement)

- I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy.
- I have been informed that a) I may request that a non-affiliated physician at a non-affiliated hospital/institution perform the postmortem examination or autopsy; b) I may request that a non-affiliated physician at a non-affiliated hospital/institution review the postmortem examination or autopsy conducted by Parkland Hospital; c) I will be responsible for any additional costs incurred as a result of these request(s).
- I authorize the release of all medical information (including medical records, glass slides, and paraffin blocks) which may be needed to complete the autopsy on the above patient to the Department of Pathology

_____ Authorizing Person's Signature	_____ Relationship to Deceased	_____ Phone Number	_____ Date	_____ Time
_____ Physician Obtaining Permit Signature	_____ Physician Printed Name	_____ ID #	_____ Date	_____ Time
_____ Witness's Signature	_____ Witness's Printed Name	_____ ID #	_____ Date	_____ Time
_____ Interpreter Signature (if applicable)	_____ Interpreter Printed Name	_____ ID #	_____ Date	_____ Time

Telephone consent is not valid without a notarized signed consent
An Autopsy cannot be performed without an EPIC Order (Request for Autopsy Unit Notification)



2-Hole 1/4 2 3/4 - 5-Hole 1/4 2 1/8



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DO NOT DELETE



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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

NAME OF DECEDENT:	DATE OF DEATH:
NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE: Medical Director of Autopsy or Designee	TEXAS LICENSE NUMBER: N/A
NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED: Parkland Hospital, Department of Pathology	

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure:

None. Permission is granted.

Permission is granted for an autopsy with the following limitations and conditions (specify):

___ Exam is restricted to brain and spinal cord ___ Exam is restricted to the chest and abdomen only

___ Exam is restricted to the chest cavity ___ Exam is restricted to the abdominal cavity

___ Other: (Specify) _____

I authorize the release of the remains to the funeral services provider or person listed below after examination.

Name of Funeral Service Provider or Person: Specify or state Unknown	Telephone Number:
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Authorizing Individual MUST SIGN

Authorizing Person's Signature _____ Date _____

Authorizing Person's Printed Name and Relationship to Decedent _____

Witness's Signature _____ Date _____

Witness's Printed Name _____

Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code §195.003)

Telephone Consent must be notarized



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TEXAS DEPARTMENT OF STATE HEALTH SERVICES
POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form MUST be completed by the person authorized to give consent to a postmortem examination or autopsy before such procedure can be conducted [CCP Art. 49.32].

This form IS NOT required if an autopsy is ordered by a Justice of the Peace or Medical Examiners as part of a death inquest or ordered by the Texas Department of Criminal Justice under Texas Government Code §501.055 [CCP Art. 49.31].

Persons Authorized To Consent to Postmortem Examination or Autopsy

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent's estate;
the adult children of the decedent;
the parents of the decedent; and
the adult siblings of the decedent.

If there is more than one person of the same relation entitled to give consent to a postmortem examination or autopsy, consent may be given by a member of the same relationship unless another person of the same relationship files an objection with the physician, medical examiner, justice of the peace, or county judge.

A person may not give consent if, at the time of the decedent's death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

Anatomical Gift by Decedent Prior To Death

An anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education by

- the donor,
- if the donor is an adult; or
- if the donor is a minor and is:
- emancipated; or
- authorized under state law to apply for a driver's license because the donor is at least 16 years of age and:
- circumstances allow the donation to be actualized prior to 18 years of age; and
- an organ procurement organization obtains signed written consent from the minor's parent, guardian, or custodian;
an agent of the donor, unless the medical power of attorney or other record prohibits the agent from making an anatomical gift; a parent of the donor, if the donor is an unemancipated minor; or
the donor's guardian.

Anatomical Gift of Decedent's Remains by Someone Other Than the Decedent

Unless the decedent has refused to make an anatomical gift in writing prior to death, an anatomical gift of a decedent's body or part for the purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

- an agent of the decedent at the time of death who could have made an anatomical gift under Section 692A.004(2) immediately before the decedent's death;
the spouse of the decedent;
adult children of the decedent;
parents of the decedent;
adult siblings of the decedent;
adult grandchildren of the decedent;
grandparents of the decedent;
an adult who exhibited special care and concern for the decedent;
the persons who were acting as the guardians of the person of the decedent at the time of death;
the hospital administrator; and
any other person having the authority to dispose of the decedent's body.

If there is more than one member of a class listed above entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to may be receiving the anatomical gift and knows of an objection by another member of the class.

A person may not make an anatomical gift if, at the time of the decedent's death, a person in a class higher than them is reasonably available to make or to object to the making of an anatomical gift.

Death Inquest by Medical Examiners

Some deaths may require a medical examiner to conduct an investigation or inquest and cause of death certification which may include an autopsy. [CCP Art. 49.25 §6]. These include:

- A body was found and the cause and circumstances of the death are unknown.
The death is believed to be an unnatural death from a cause other than a legal execution (accident, suicide, or homicide).
The death occurred in prison or in jail.
The death occurred within 24 hours of admission to a Hospital
The death occurred without medical attendance.
The physician is unable to certify the cause of death.
The deceased is under six (6) years of age.

Nonaffiliated Physicians

Before signing this form, a representative of the hospital or other institution where the death occurred is required to inform a person authorized to consent to a postmortem examination or autopsy that they may request that a physician who is not affiliated with the hospital or other institution where the death occurred to perform the postmortem examination or autopsy at another hospital or institution.

A person authorized to consent to a postmortem examination or autopsy may also have a physician that is not affiliated with the hospital or institution where the death occurred review the postmortem examination or autopsy conducted by a physician affiliated with the hospital or other institution where the deceased person died.

A person requesting a nonaffiliated physician to perform or review a postmortem examination or autopsy is responsible for any additional costs incurred as a result of the nonaffiliated physician's performance or review of the examination or autopsy.