

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Date of Birth:



## AUTOPSY STATUS

If autopsy is **refused**, complete **FORM A** of this form. If autopsy permission is **granted**, complete **FORM B** of this form.

### FORM A

Autopsy permission refused [ ]

Release the remains of

\_\_\_\_\_ (Name of deceased)

to:

\_\_\_\_\_ (Name of Undertaking Establishment)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

**Do not write below this line – for Pathology use only**

### BODY RECEIPT

I certify that the remains of the above-named patient, after proper identification, were received by me for the purpose of burial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Name of Undertaking Establishment)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



(Place MR Label Here)

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# AUTOPSY STATUS

## Form B

Telephone Consent:  Yes  No

(See Department of Pathology Procedures Manual located at all nursing stations for appropriate procedure for obtaining telephone consent)

**This form does NOT authorize the use of organs, tissues, or parts for transplantation.**

**If consulting for a fetal loss, fetal age is at least 20 weeks and/or fetus is at least 350 grams.**

I/We authorize the physicians at the University of Arkansas for Medical Sciences, Little Rock, Arkansas, and/or their designees, to perform an autopsy on the remains of

\_\_\_\_\_  
(Name of deceased)

and I/we authorize the removal and retention or use for diagnostic, research, or educational purposes of such organs, tissues, and parts as the physicians at the University of Arkansas for Medical Sciences deem proper. This includes the placenta for fetal/neonatal loss. This authorization is subject to and expressly conditional upon the following restrictions (please check one):

No restrictions

Chest and abdomen only

Brain only

Other (please specify) \_\_\_\_\_

I/We wish the remains to be released to:

\_\_\_\_\_  
(Name of Undertaking Establishment)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

I/We are requesting an autopsy to answer the following question(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Place MR Label Here)

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## AUTOPSY STATUS

Consent for autopsy may be provided by whichever one of the following assumes custody of the body for final disposition:

1. Spouse
2. Adult child
3. Parent
4. Adult sibling, grandparent, or adult grandchildren
5. Guardian
6. Other adult next of kin (aunt, uncle, cousin, etc.)
7. In the absence of one of the above, an adult friend or person who has assumed custody of the body for final disposition.

I/We represent that I am/we are the \_\_\_\_\_ of the deceased and by law entitled to control disposition of the remains and assume custody of the body for final disposition.

(Relationship)

Is there any person in a higher priority category to the person signing the consent?

Yes       No

Do you have knowledge that any member of the authorizing category or higher priority category opposes the autopsy?

Yes       No

\_\_\_\_\_  
Signature (or write telephone consent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Number

### Signature of Physician obtaining consent:

\_\_\_\_\_  
Signature of Physician obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Number

### Witnesses (two required):

\_\_\_\_\_  
Signature (Witness 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature (Witness 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



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### PROBLEM ORIENTED AUTOPSY REQUEST SHEET

Remove this page prior to obtaining family signature and submit to the pathology department with the Autopsy Status form. This form is not required for a fetal demise 12-19 weeks.

**Brief Clinical Summary:**

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**Clinical Diagnosis**

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**Specific questions that you would like answered** (example: "The patient developed sudden shortness of breath. Is there a pulmonary embolus?")

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Note:** An autopsy will NOT be performed without receipt of this page.



(Place MR Label Here)

MR#:

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### FETAL DEMISE 12-19 WEEKS

If surgical pathology examination is **refused**, complete **FORM A** of this form. If surgical pathology examination permission is **granted**, complete **FORM B** of this form.

#### FORM A

Surgical pathology permission refused [ ]

Release the remains of

\_\_\_\_\_  
(Name of deceased)

to:

\_\_\_\_\_  
(Name of Undertaking Establishment)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

**Do not write below this line – for Pathology use only**

#### BODY RECEIPT

I certify that the remains of the above-named patient, after proper identification, were received by me for the purpose of burial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Name of Undertaking Establishment)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



(Place MR Label Here)

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Patient's Date of Birth:



## FETAL DEMISE 12-19 WEEKS

### Form B

Telephone Consent:  Yes  No

(See Department of Pathology Procedures Manual located at all nursing stations for appropriate procedure for obtaining telephone consent)

**This form does NOT authorize the use of organs, tissues, or parts for transplantation.**

I/We authorize the physicians at the University of Arkansas for Medical Sciences, Little Rock, Arkansas, and/or their designees, to perform a surgical pathology examination on the remains of

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(Name of deceased)

and I/we authorize the removal and retention or use for diagnostic, research, or educational purposes of such organs, tissues, and parts as the physicians at the University of Arkansas for Medical Sciences deem proper. **I authorize evaluation of the placenta (if available) for histologic examination.** This authorization is subject to and expressly conditional upon the following restrictions (please check one):

No restrictions

Gross examination only

Gross examination and cytogenetic analysis only

I/We wish the remains to be released to:

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(Name of Undertaking Establishment)

(City)

(State)

I/We are requesting a surgical pathology examination to answer the following question(s):

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(Place MR Label Here)

MR#:

Patient's Name:

Patient's Date of Birth:



### FETAL DEMISE 12-19 WEEKS

Consent for surgical pathology examination may be provided by whichever one of the following assumes custody of the body for final disposition:

1. Parent (mother preferred, but father may sign if listed on birth certificate)
2. Adult sibling, grandparent
3. Guardian
4. Other adult next of kin (aunt, uncle, cousin, etc.)
5. In the absence of one of the above, an adult friend or person who has assumed custody of the body for final disposition.

I/We represent that I am/we are the \_\_\_\_\_ of the deceased and by law entitled to control disposition of the remains and assume custody of the body for final disposition.

(Relationship)

Is there any person in a higher priority category to the person signing the consent?

Yes       No

Do you have knowledge that any member of the authorizing category or higher priority category opposes the surgical pathology examination?

Yes       No

Signature (or write telephone consent)	Date	Time
Printed Name	Contact Number	

**Signature of Physician obtaining consent:**

Signature of Physician obtaining consent	Date	Time
Printed Name	Contact Number	

**Witnesses (two required):**

Signature (Witness 1)	Date	Time
Signature (Witness 2)	Date	Time



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## Instructions for Obtaining Autopsy/Surgical Pathology Authorization

**Note:** This page is for informational purposes only and should be discarded prior to presenting the autopsy status to the family for signature.

### Problem-Oriented Autopsy Sheet:

The Problem-Oriented Autopsy Report Sheet must be completed by the requesting physician and submitted to the Pathology Department along with the Autopsy Status Form.

### Issues Related to Consent:

Consent for autopsy may be provided by the person who assumes custody of the body for final disposition. Refer to the list on Autopsy Status Form B.

1. In addition, autopsy consent will be accepted from a minor mother. If the parents are unmarried, autopsy consent may be accepted from the father – whether adult or minor - if he is listed as the father on the birth certificate. Consent from both parents is preferable, but not required.
2. A couple who is legally divorced has relinquished all rights of kinship to each other.
3. “Common law” marriages are not recognized in Arkansas.
4. If more than one person assumes custody of the body for final disposition, consent to autopsy from one of them is deemed sufficient.

Any questions about obtaining consent for autopsy may be referred to the Office of General Counsel at 501-686-7608.

