DOS

UK HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

CONSENT FOR AUTOPSY

(Patient Label Here)

An autopsy is an external and internal examination of the body after death using surgical techniques. The examination is performed by a pathologist. The examination uses surgical incisions to allow observation and removal of organs. These incisions will not involve the face or any other part of the body what would be visible during viewing. The clothed body will look the same with or without the autopsy.

The primary purpose of an autopsy is to answer any questions the family or physician may have about the illness, cause of death, and/or any co-existing conditions. Establishing a cause of death can be a source of comfort to families. The autopsy may also determine whether there are inheritable problems and help other family members through early diagnosis and treatment. Furthermore, what is learned through an autopsy on one patient may help save the lives of others with similar conditions.

1) **I authorize the examination, removal, and retention of organs, tissues, implanted devices, and fluids as the pathologists deem necessary for diagnosis, education and research. I understand that the remaining organs and tissues will be disposed of appropriately and in accordance with law.**

2) **I understand that I may limit either the extent of the examination or the retention of organs, tissues, or devices. I understand that limitations may decrease the information obtained from the examination. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy. If any questions remain, please page pathology at (859) 330-1598.**

EXTENT OF AUTOPSY: ***(SOMETHING MUST BE CHECKED HERE)***

q *Complete Autopsy (Includes brain, chest & abdomen)* q *Brain Only* q *Chest Only*
q *Abdomen Only* q *Chest and Abdomen Only*

I REQUEST AND AUTHORIZE THE PHYSICIANS IN ATTENDANCE AT UNIVERSITY OF KENTUCKY, CHANDLER MEDICAL CENTER, TO PERFORM AN AUTOPSY ON MY:

_____	_____	_____
***RELATIONSHIP TO PATIENT**	**SIGNATURE**	**DATE/TIME**

_____	_____
Address and phone number of person giving authorization	*Printed name of person authorizing autopsy*

_____	_____	_____
Signature of person witnessing consent	Printed name of person witnessing consent	Phone/Pager #
Signature of physician obtaining consent	**Printed name of physician obtaining consent**	**Pager #**
Resident or attending physician signature	**Printed name of resident or attending physician**	**Pager #**

A copy of the autopsy report will be sent to the requesting or attending physician.

_____	_____
Name of Funeral Home	Address and Phone Number of Funeral Home (if known)

PATHOLOGY DEPARTMENT

Autopsy completed and Admitting Office Notified: Date: _____ Time: _____

In order of authority: ***Patient (before death), spouse, adult child, mother/father, nearest living blood relative, person assuming responsibility for the body.***

Please see UK HealthCare Policy #A06-120 -- Autopsies and Post Death Procedures