



**CHILDREN'S HOSPITAL BOSTON  
DEPARTMENT OF PATHOLOGY**

**AUTHORIZATION FOR  
PERFORMANCE OF AUTOPSY**

USE PLATE OR PRINT

Mr. No. \_\_\_\_\_ Date \_\_\_\_\_

Pt. Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Attending Physician \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

**An autopsy is a medical examination after death, performed by a physician (a pathologist) in order to learn more about your child's illness and to better understand the cause of death. Autopsies are performed to provide information to you, your family, your doctor and clinical caregivers. Autopsies also add to our understanding of medicine and with your consent, may enable someone who has died to contribute to scientific knowledge.**

Funeral arrangements are generally not delayed by having an autopsy, and the procedure will not interfere with an open casket viewing. Autopsy procedures do not involve the face or parts of the body that are ordinarily visible during viewing in a funeral home.

Standard autopsy procedure requires a surgical incision to allow observation, removal, examination, and sampling of organs and tissues.

- You have the right to decide whether there will be an autopsy (unless an autopsy is requested by the State Medical Examiner).
- You have the right to decide the extent of an autopsy in keeping with your personal, religious, or other values and preferences.
- You have the right to decide what happens to your child's organs and tissues at the autopsy.
- You have the right to request that all organs be returned to the body at the completion of the autopsy.

You should be aware, however, that restrictions on the autopsy and returning organs to the body may limit the accuracy or completeness of information that you, your family, and your physician will gain from the procedure. This is especially true for study of the brain, spinal cord and heart that require prolonged and detailed examination. Your permission for the hospital to keep these as well as other organs allows the best opportunity for examination, consultations with other physicians, teaching, and research. Your doctor and the physicians in Department of Pathology are available to further explain the procedure and to discuss possible restrictions to the autopsy and how these might affect the amount of information that can be obtained.

*Authorizing person must INITIAL choice in EACH of the first 3 sections below:*

**1. Autopsy consent**

\_\_\_\_\_ I permit a standard autopsy that includes all organs.

(initials)

\_\_\_\_\_ I permit an autopsy of only the following (state regions of the body or organs):

(initials)

\_\_\_\_\_

**2. What happens to the organs**

\_\_\_\_\_ I permit Children's Hospital to keep all organs for examination and teaching and to manage their eventual disposition in accordance with hospital policy. This provides the best opportunity to obtain the most information about your child's illness and to contribute to scientific knowledge and medical education.

(initials)

\_\_\_\_\_ I request that after samples are taken, the following organs be returned to the body at the time of autopsy: \_\_\_\_\_

(initials)

I understand that returning the organs results in less opportunity to obtain information.

\_\_\_\_\_ I request that after samples are taken, all organs be returned to the body at the time of autopsy. I understand that this results in the least opportunity to obtain information.

(initials)

**3. Organ and tissue samples for research**

Organs and tissue samples taken from organs obtained during an autopsy not only provide information about your child's illness but are also a critical resource for doctors and scientists studying illnesses that affect all children. In trying to better understand and treat illness, there is often no substitute for tissue from patients who actually suffered from specific diseases.

\_\_\_\_\_ I permit organs and tissue samples taken from organs to be used for research.

(initials)

\_\_\_\_\_ I permit tissue samples taken from organs to be used for research.

(initials)

\_\_\_\_\_ I do not permit organs or tissue samples taken from organs to be used for research.

(initials)

**4. If there are other limitations or requests not addressed above, please state below:**

I also have the following limitations/requests: \_\_\_\_\_

\_\_\_\_\_

5. I understand that the Autopsy Report will become part of my child's medical record and will be sent to her/his physician (name) \_\_\_\_\_ from whom I can learn the results of the autopsy. I understand that any information gained from the autopsy will be held strictly confidential to the extent required by law, and that such information may only be made available to the general medical community in a way that does not personally identify my child.

***PERSON(S) GIVING CONSENT FOR AUTOPSY\****

Printed name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Relationship to  
deceased \_\_\_\_\_

**\*Note:** If one parent/person wishes an autopsy and the other parent/person opposes it and makes such opposition known prior to the autopsy, no autopsy will be performed.

***PERSON OBTAINING CONSENT***

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

***WITNESS (required in all instances as well as in permission by telephone)***

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter: Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
(if applicable)

**\*Note:** If consent is obtained by telephone, the person requesting the consent shall read the consent form in its entirety to the person giving permission for the autopsy and shall mark answers to all items in the presence of the telephone witness. The person giving consent shall have the opportunity to ask questions regarding the scope and extent of the autopsy. The telephone witness must listen to the entire conversation with permission from all parties to the conversation.

Check here if permit was obtained by telephone.

***PHYSICIAN USE ONLY***

PROVIDE A COPY OF THE SIGNED CONSENT FORM TO THE PERSON GIVING PERMISSION FOR THE AUTOPSY

IMMEDIATELY PAGE PATHOLOGY RESIDENT ON-CALL

SEND COMPLETED FORM AND MEDICAL RECORD TO PATHOLOGY DEPARTMENT