



Facility Name: \_\_\_\_\_

### AUTOPSY AUTHORIZATION FORM\*

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

\*Authorization must be from next-of-kin (NOK) in this order of priority: 1.spouse or adult child who is not the child of the spouse, 2.adult child, 3.parent, 4.adult sibling, 5.adult grandchild, 6.nephew/niece 7.grandparent 8.uncle/aunt 9.other relative or friend assuming custody of the body for burial and who is knowledgeable of the patient's preferences and values.

**1) Medical Research:** Does the next-of-kin consent to the possible use of tissues obtained at autopsy for medical research?  Yes  No

### 2) COMPLETE THE AUTHORIZATION BELOW

\_\_\_\_\_ (NOK Name) \_\_\_\_\_ (Relationship)

Authorizes the University of Pittsburgh Medical Center (UPMC) to perform an autopsy on the body with removal and possible retention of organs to determine the cause of death and to advance medical knowledge. The type of examination to be performed is (choose one):

- COMPLETE AUTOPSY (Including brain examination)
- CHEST AND ABDOMEN ONLY (No brain examination)
- BRAIN ONLY EXAMINATION (Typically for dementia or specific brain diseases)
- OTHER (Describe): \_\_\_\_\_

\_\_\_\_\_ (if telephone consent see section 3)  
Signature (next-of-kin)

\_\_\_\_\_  
Signature (Person obtaining consent)

\_\_\_\_\_  
Phone number/Pager

### 3) TELEPHONE AUTHORIZATION, PLEASE COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Signature (Witness to call)

\_\_\_\_\_  
Next-of-kin phone number

### 4) **A letter explaining how the NOK can receive the final autopsy report will be mailed.**

Please provide the following contact information for receipt of the autopsy letter.

\_\_\_\_\_  
NOK Physical Mailing Address  
-and/or-

\_\_\_\_\_  
NOK Email address\*\* (see page 2)



2CNTT



## AUTOPSY AUTHORIZATION FORM

Patient Sticker or ID Information

***\*\*By communicating with UPMC staff through e-mail, you agree to comply with UPMC's e-mail terms of use found at <http://www.upmc.com/contact/Pages/terms-of-use.aspx#Email>. Should you decide that you do not want to comply with these terms, it is your obligation to reply to those UPMC staff members with whom you are corresponding to indicate you do not agree to comply with these terms and cease further communication with UPMC by e-mail.***

### INTERPRETER'S STATEMENT

Execute if an interpreter is provided to assist the individual in understanding this informed consent form:

I have translated the information and advice presented orally to the individual to be treated by the person obtaining this consent. I have also read him/her the consent form in language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

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Cyracom ID (if applicable)

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Print Name

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Signature (Not required if a Cyracom Interpreter Was Used)

