



College of American Pathologists

325 Waukegan Road, Northfield, Illinois 60093-2750

800-323-4040 • <http://www.cap.org>

---

*Advancing Excellence*

## **SAMPLE AUTOPSY CONSENT and AUTHORIZATION FORM**

The College of American Pathologists offers this sample form to assist pathologists and hospitals in developing their own forms for use in securing consent for the performance of autopsies. This sample form should not be adopted without careful consideration of applicable state law, institutional policies, and local practice. It should be tailored to reflect all of these considerations as well as the drafting style of the particular pathology group and hospital. The College also recommends that each pathology group have a list of next-of-kin, in order of authority by state statute, available for reference by appropriate hospital staff.

Please note that this sample does not cover obtaining consent for the removal of organs or tissue for transplantation. A separate form is required for that purpose. In any event, the College recommends that, prior to adoption, any autopsy consent form be reviewed by an attorney knowledgeable about governing law and sensitive to local practice.

Consent and Authorization for Autopsy

\_\_\_\_\_  
Service

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

\_\_\_\_\_  
Date of death

\_\_\_\_\_  
Time of death

**Addressograph or Patient Name / Hospital Number**

The College recommends that each pathology group develop its own specific consent form tailored to applicable law, institutional policies, and local practice. This autopsy consent form is offered as Service a starting point. Prior to adopting a specific form, the pathology group should have the form reviewed by an attorney knowledgeable about applicable law and sensitive to local practice. The group should also have the form reviewed by appropriate individuals within any institution in which autopsies will be performed.

I, (printed name) \_\_\_\_\_, the (relationship to the deceased) \_\_\_\_\_ of the deceased, \_\_\_\_\_, being entitled by law to control the disposition of the remains, hereby request the pathologist of (name of hospital) \_\_\_\_\_ to perform an autopsy on the body of said deceased. I understand that any diagnostic information gained from the autopsy will become part of the deceased's medical record and will be subject to applicable laws.

**Retention of Organs/Tissues:**

I authorize the removal, examination, and retention of organs, tissues, prosthetic and implantable devices, and fluids as the pathologists deem proper for diagnostic, education, quality improvement and research purposes. I further agree to the eventual disposition of these materials as the pathologists or the hospital determine or as required by law. This consent does not extend to the removal or use of any of these materials for transplantation or similar purposes. I understand that organs and tissues not needed for diagnostic, education, quality improvement, or research purposes will be sent to the funeral home or disposed of appropriately.

I understand that I may place limitations on both the extent of the autopsy and on the retention of organs, tissue, and devices. I understand that any limitations may compromise the diagnostic value of the autopsy and may limit the usefulness of the autopsy for education, quality improvement, or research purposes. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy.

**Limitations**

- 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 disposition of such material as the pathologists or the hospital determine.
- Permission is granted for an autopsy with the following limitations and conditions (specify):

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

\_\_\_\_\_  
Signature of person authorizing the autopsy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of person obtaining permission

\_\_\_\_\_  
Printed name of person obtaining permission

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name of witness

- Permission was obtained by telephone.

The above statements were read by the person obtaining permission to the person granting permission. The person granting permission was provided the opportunity to ask questions regarding the scope and purpose of the autopsy. The undersigned listened to the conversation with the permission of the parties and affirms that the person granting permission gave consent to the autopsy as indicated above.

\_\_\_\_\_  
Signature of person obtaining permission

\_\_\_\_\_  
Printed name of person obtaining permission

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**INSTRUCTIONS:** To be valid, this document 1) must be dated, 2) must be signed by the person obtaining permission, AND 3) must be signed either by the person granting permission or the witness monitoring the phone call in which permission was given.