



**FORENSIC MEDICAL OF KS, LLC.**  
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**HOSPITAL AUTOPSY PERMIT/AUTHORIZATION**

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

Facility/Hospital: \_\_\_\_\_

Ordering Physician (name and contact information) \_\_\_\_\_

**Please provide copy of medical record with permit/authorization form to fax # above.**

**Part 1. Deceased Identification:**

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

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

**Part 2. Next-Of-Kin Identification:**

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

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Relationship: \_\_\_\_\_

**NOTE: EACH SECTION MUST BE READ AND INITIALED BY LEGAL NEXT OF KIN OR BY ORDERING PARTY IF NEXT OF KIN CONSENT IS OBTAINED BY TELEPHONE CONVERSATION.**

Part 3. Custody of Body: \_\_\_\_\_ (initial)

*Explanation: Only the next of kin who assumes custody of the body for the purpose of burial may authorize the performance of an autopsy.*

Statement: I affirm that I am the next of kin who assumes custody of the body for the purpose of burial.

Part 4. Consent: \_\_\_\_\_ (initial)

*Explanation: As the next of kin of the indicated deceased person, you may consent to an autopsy being performed.*

Consent: I consent to a Forensic Medical pathologist performing an autopsy on the decedent's body.

Part 5. Completeness of Autopsy:

*Explanation: The family, attending physician, or the pathologist may agree to limit the scope of the autopsy to answer specific questions of interest. You may limit the autopsy. That is, you may have the pathologist perform only part of a standard or complete autopsy.*

Authorization: I authorize the autopsy to be as complete as necessary in the pathologist's judgement:

With no limitations \_\_\_\_\_(initial)

Except that the following limitations are to be observed: \_\_\_\_\_(initial)

List limitations: \_\_\_\_\_

Part 6. Removal and Retention of Organs: \_\_\_\_\_(initial)

*Explanation: One or more organs must be removed from the body during the autopsy. All or part of the removed organs may be retained (saved) for study by the pathologist for a period of time to be determined by the pathologist.*

Authorization: I authorize the pathologist to remove organs from the body (unless limited in Part 5) and to retain all or part of these organs as deemed appropriate.

Part 7. Disposal of Organs: \_\_\_\_\_ (initial)

*Explanation: Any organ tissue removed during the autopsy and not retained (saved) by the pathologist must be disposed (discarded). No ashes of organs can be saved for the family and no ceremony is performed by Forensic Medical.*

Authorization: I authorize all or part of any organs removed from the body during the autopsy to be disposed.

Part 8. Reports: \_\_\_\_\_ (initial)

*Explanation: The pathologist will prepare a written report in which his findings and conclusions are summarized. The final report will be sent to the indicated Medical Records Department of the referring hospital to be made available to the attending physician. All requests for copies of the autopsy should be directed to the Medical Records department of the referring hospital.*

Authorization: I authorize copies of the autopsy report to be sent to the following: the decedent's attending physician, the decedent's medical record (hospital chart), and the files of the pathologist.

Part 9. Confidentiality: \_\_\_\_\_ (initial)

*Explanation: The content of an autopsy report is confidential. The report will be sent to only those persons specified in Part 8. However, if autopsy and/or toxicology findings indicate the death is due to non- natural causes Forensic Medical Management Services may be required to report findings to the appropriate county agency(ies) based on state statutes.*

Part 10: Photographs: \_\_\_\_\_ (initial)

*Explanation: The pathologist may elect to take photographs of the body or parts of the body to document certain findings. The photographs are treated with the same confidentiality as any other part of the autopsy examination and report.*

Authorization: I authorize the pathologist to take such photographs as are necessary or desirable in his/her judgement.

Part 11: Information Desired from Autopsy by Physician: \_\_\_\_\_ (initial)

*Explanation: As part of our efforts to reduce the cost to the requesting hospital provider, additional testing will not be ordered unless specifically indicated by the requesting agency (ie: toxicology, etc.)*

Inquiry: What do you, as the next of kin or attending physician, wish to learn from this autopsy? Is toxicology a concern by the attending physician?

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Part 12. Notification of Possible Failure of Autopsy to Define Certain Disease Processes

*Explanation: An autopsy may successfully define a disease process only if it results in a change in the appearance of one or more organs. Many diseases produce electrical, submicroscopic, chemical, or other changes which cannot be detected by an autopsy examination. It is possible that the pathologist cannot reach a conclusion or answer questions of interest to the next of kin even after performance of an autopsy.*

Acknowledgement: I understand that the autopsy procedure has limitations in ability to diagnose diseases and the results of the autopsy may be inconclusive. \_\_\_\_\_ (initial)

Part 13: Funeral Home Information:

*Explanation: After autopsy examination I authorize Forensic Medical to release the decedent to:*

\_\_\_\_\_ (initial)

Part 13. Signature of Next of Kin & Hospital Representative Statement:

By my signature, which follows, I state the following: I am the next of kin of the decedent identified above; I assume custody of the body for the purpose of burial. I consent to a Forensic Medical pathologist to perform an autopsy on the decedent's body as ordered by the attending physician. Any limitations on the autopsy procedure have been accurately recorded in Part 5. The pathologist may remove, retain, and dispose of organs as described in Part 6 and Part 7. All parts of this permit have been reviewed with me. The autopsy procedure has been explained to me. All of my questions have been answered to my satisfaction.

Authorization of Hospital Personnel Statement: By my signature, which follows, I authorize the performance of an autopsy by a Forensic Medical pathologist, on behalf of the facility listed above.

Signature of Next of Kin: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature of Hospital Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_