



## Autopsy Consent Form

I \_\_\_\_\_, bearing the relationship of \_\_\_\_\_

to \_\_\_\_\_ deceased, hereby request and consent to the performance of an autopsy on the body of the above deceased. A pathologist of Physicians Laboratory, LTD will perform the autopsy. An autopsy is the examination of the body and tissues carried out to study the cause, course and results of disease and the treatment used, as well as to determine the cause of death of the individual patient or to advance medical science. Authorization is given to remove and retain body tissues and/or organs as necessary to accomplish the purposes of this examination. Organs and tissues not needed for further examination will be returned to the body. Organs and tissues retained for examination will be disposed of by burial or cremation when examination is complete.

I represent that I am the person to give such permission: \_\_\_\_\_Spouse

If there is no surviving spouse, or if surviving spouse is incompetent, consent may be given by:  
\_\_\_\_\_Adult Child \_\_\_\_\_Brother or Sister \_\_\_\_\_Parent \_\_\_\_\_Other

Consent is given for:

\_\_\_\_\_Complete Autopsy (chest, abdomen, head)

\_\_\_\_\_Autopsy limited to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Giving Consent \_\_\_\_\_ Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Funeral Home \_\_\_\_\_

Phone Number \_\_\_\_\_

Billing: Person responsible for billing if other than individual giving consent:

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

