

# CONSENT AND AUTHORIZATION FOR PRIVATE AUTOPSY

I, the undersigned, being the legal next of kin or authorized legal representative of the decedent, hereby request and authorize Autopsy & Pathology Services, LLC to arrange and/or perform a private autopsy. A private autopsy is a medical examination performed after death to evaluate disease, injury, or other conditions that may have contributed to death.

I understand that a private autopsy is independent of any examination performed by a Medical Examiner or Coroner and that the findings represent a medical opinion and do not constitute an official governmental determination.

## Scope of Autopsy

- External and internal examination of the body
- Examination of organs and tissues as authorized below
- Collection of specimens for toxicology, when requested by the family
- Documentation and preparation of a written autopsy report
- Retention of organs or tissues temporarily for diagnostic purposes, when necessary

## Restrictions / Limitations (check one)

<input checked="" type="checkbox"/> Full autopsy (no restrictions)
<input checked="" type="checkbox"/> Limited autopsy – please specify organs or systems to be examined: _____
_____
_____

## Acknowledgment

I understand that the autopsy involves surgical procedures and that organs and tissues may be removed for examination and may be retained temporarily or permanently in accordance with applicable laws and professional standards. This consent is voluntary and may be withdrawn in writing prior to commencement of the autopsy.

Signature of Next of Kin / Legal Representative: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_