Forensis Noctuam
Forensic Pathology Consultation

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CONSENT AND AUTHORIZATION FOR AUTOPSY

Decedent name: _____ Decedent DOB: _____

Case number : _____ Decedent DOD: _____

I, (printed name) _____, the (relationship to the deceased) _____ of the

decedent named above, being entitled by law to control the disposition of the remains, hereby request **Dr. Kyle Shaw (forensic pathologist) and Forensis Noctuam, LLC** to perform an autopsy on the body of said deceased, with technical assistance and educational observers as deemed appropriate by the pathologist. I understand that any diagnostic information gained from the autopsy 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 pathologist deems proper for diagnostic, education, and/or quality improvement purposes, and I understand that some samples are routinely saved for potential further analysis. I further agree to the eventual disposition of these materials as the pathologist determines 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 retained for diagnostic, education, and/or quality improvement purposes will be released to the funeral home or disposed of as the pathologist determines.

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 or quality improvement purposes. I have been given the opportunity to ask and have answered any questions that I may have regarding the scope or purpose of the autopsy.

Limitations (SELECT ONE):

☐ **None. Permission is granted for a complete autopsy,** with removal, examination and retention of materials as the pathologist deems proper for the purposes set forth above, and for disposition of such material as the pathologist determines.

☐ **Permission is granted for an autopsy with the following limitations and conditions:**

☐ Head only ☐ Chest only ☐ External only

☐ Other: _____

(Skip to page 2 if consent obtained by telephone)

_____ _____ Date: _____
Printed name of person authorizing autopsy — Signature of person authorizing autopsy

_____
Contact information of person authorizing autopsy (email and/or phone)

_____ _____ Date: _____
Printed name of person obtaining permission — Signature of person obtaining permission

_____ _____ Date: _____
Printed name of witness — Signature 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 and have answered 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.

Printed name of person authorizing autopsy	___(NOT APPLICABLE)____Date: Signature of person authorizing autopsy
Contact information of person authorizing autopsy (email and/or phone)	
Printed name of person obtaining permission	_____Date: Signature of person obtaining permission
Printed name of witness	_____Date: Signature of witness

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.