

**FETAL/PERINATAL/PEDIATRIC
AUTOPSY CONSENT**

(TO BE READ TO THE PERSON AUTHORIZING AUTOPSY)

To order autopsy procedure:
Fax completed consent to 617-636-8302
Page Anatomic Pathology at pager 1420

MRN _____

Patient _____

Account No. _____

Attend Phys. _____

DOB _____ Sex _____

Date and Time of Death: _____

Autopsy to be performed at
Tufts Medical Center

SECTION 1

BACKGROUND INFORMATION

An autopsy is the examination of a body after death, including removal of internal organs, in order to determine the cause of death and the presence of disease. An autopsy may also provide information for diagnostic, educational or research purposes. We are asking your permission to perform this autopsy for the purpose of determining the cause of death and better understanding disease.

DISPOSITION OF ORGANS

An autopsy often requires that organs be treated with preservatives for a period of time, a process called fixation. This allows for later complete detailed examination. Fixation and later detailed examination allow us to obtain more information and to perform a more thorough autopsy. In this autopsy we expect that all organs will need to be fixed for later examination.

We are able to release the body prior to completing the detailed examination of the fixed organs. You may choose to have some or all of the organs kept with the body for cremation or burial in which case they will be returned with the body when the body is released.

Or, you may choose to have the organs retained for fixation and later examination. After the later detailed examination is completed, the organs will be disposed of in the same manner as surgical specimens. Although an autopsy may not provide answers to all questions regarding a death, examination of fixed organs provides more information and allows for a more complete autopsy.

As the individual authorizing the autopsy you have the right to control final disposition of the organs as well as to restrict the autopsy to examination of certain organs.

QUESTIONS

1. May all organs be preserved and retained for detailed examination? Yes No
2. Do you wish to place any limitations on the autopsy? Yes No If yes, please specify: _____
3. May organs be retained for medical education and research? Yes No
4. Do you have any questions regarding the scope and purpose of the autopsy? _____

Consent Given by:

Role: Parent Guardian Other: _____

PRINT NAME / SIGNATURE Date: _____ Time: _____ (Required)

ADDRESS TELEPHONE NUMBER

Authorization Obtained: In Person Via Telephone

I have explained the above statements to the patient and/or appropriate parties and answered all questions.

Physician: _____ / _____ Pager #: _____ Date: _____ Time: _____ (Required)
PRINT NAME SIGNATURE

Witness/Interpreter: _____ / _____ Date: _____ Time: _____ (Required)
PRINT NAME (Required for Witness phone consent) SIGNATURE

SECTION 2 - Clinical staff must complete the following:

Physicians to receive copies of autopsy results: _____

Please indicate any unresolved clinical problems or questions: _____

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APPENDIX A. NOTIFICATION OF MEDICAL EXAMINER

Massachusetts Law, Chapter 38, Section 3. It shall be the duty of any person having knowledge of a death which occurs under the circumstances enumerated in this paragraph immediately to notify the office of the chief medical examiner, or the medical examiner designated to the location where the death has occurred, of the known facts concerning the time, place, manner, circumstances and cause of such death:

- (1) death where criminal violence appears to have taken place, regardless of the time interval between the incident and death, and regardless of whether such violence appears to have been the immediate cause of death, or a contributory factor thereto;
- (2) death by accident or unintentional injury, regardless of time interval between the incident and death, and regardless of whether such injury appears to have been the immediate cause of death, or a contributory factor thereto;
- (3) suicide, regardless of the time interval between the incident and death;
- (4) death under suspicious or unusual circumstances;
- (5) death following an unlawful abortion;
- (6) death related to occupational illness or injury;
- (7) death in custody, in any jail or correctional facility, or in any mental health or mental retardation institution;
- (8) death where suspicion of abuse of a child, family or household member, elder person or disabled person exists;
- (9) death due to poison or acute or chronic use of drugs or alcohol;
- (10) skeletal remains;
- (11) death associated with diagnostic or therapeutic procedures;
- (12) sudden death when the decedent was in apparent good health;
- (13) death in any public or private conveyance;
- (14) fetal death, as defined in section 202 of chapter 111, where the period of gestation has been 20 weeks or more or where fetal weight is 350 grams or more;
- (15) death of children under the age of 18 years from any cause;
- (16) any person found dead
- (17) death in an emergency treatment facility, medical walk-in center, child care center or under foster care; or
- (18) deaths occurring under such other circumstances as the chief medical examiner shall prescribe in regulations promulgated pursuant to chapter 30A.

A physician, police officer, hospital administrator, licensed nurse, department of children and families social worker, or licensed funeral director, within the commonwealth, who, having knowledge of such an unreported death, fails to notify the office of the chief medical examiner of such death shall be punished by a fine of not more than five hundred dollars. Such failure shall also be reported to the appropriate board of registration, where applicable.

Appendix B. Consent Priority

After determining that the case does not need to be reported to the Medical Examiner, or if the Medical Examiner has declined the case, identify the person authorized to consent for autopsy according to the following priority list:

- (a) an agent of the decedent including, but not limited to, a health care agent appointed under a health care proxy pursuant to M.G.L. c. 201D, unless the power of attorney for health care or other record prohibits the agent from consenting to an autopsy;
- (b) a parent of the decedent; see note.
- (c) an adult sibling of the decedent;
- (d) a grandparent of the decedent;
- (e) an adult who exhibited special care and concern for the decedent;
- (f) a person who was acting as a guardian of the decedent at the time of death; or
- (g) any other person having the authority to dispose of the decedent's body.

If a member of the highest priority class available to give consent opposes the autopsy and makes such opposition known to the hospital prior to the autopsy, the hospital shall not perform an autopsy on the decedent.

If the class that is authorized to give consent to an autopsy contains more than one member, the hospital is required to obtain consent from only one member of that class. If a member of the same class as the person who is authorized to give consent to an autopsy opposes the autopsy and makes such opposition known to the hospital prior to the autopsy, the hospital shall not perform an autopsy on the decedent.

Note: A woman who is younger than 18 years old may consent to autopsy of the deceased child or fetus.