

Name:

Date and Time of Death:

Autopsy to be performed at Tufts Medical Center.

### **Fetal/Peri-Natal/Pediatric Autopsy Consent**

(To be read to the person authorizing an autopsy)

#### **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.

Fetal autopsy will be considered when gestational age is more than 20 (twenty) weeks and/or fetal weight is above 350 grams.

##### **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, alter 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. Do you wish to place any limitations on the autopsy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify:
2. May all organs be preserved and retained for detailed examination? \_\_\_\_\_Yes \_\_\_\_\_No
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? \_\_\_\_\_No  
If yes, proceed to question 5 below.

5. Do you have any specific requests or concerns regarding the autopsy?

**Consent Obtained by:**

\_\_\_\_\_ Signature  
Print Name

\_\_\_\_\_ Relationship to Hospital  
Title

**Witness:**

\_\_\_\_\_ Signature  
Print Name

**Authorization:** \_\_\_\_\_ In Person \_\_\_\_\_ Via Telephone

\_\_\_\_\_ Signature  
Print Name

\_\_\_\_\_ Address Telephone  
Relationship to Decedent

Date:

Time:

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**SECTION 2 - Clinical staff must complete the following:**

1. List physicians to receive copies of autopsy results:
  
  
2. Please indicate any unresolved clinical problems or questions:

## **Appendix A. Notification of Medical Examiner**

The Office of the Medical Examiner tracks the deaths of some adults, all children and infants and some fetuses for a variety of medical-legal and and/or public health-related reasons. The medical examiner must be notified under the following circumstances.

- (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 by section two hundred and two of chapter one hundred and eleven, where the period of gestation has been twenty weeks or more, or where fetal weight is three hundred and fifty grams or more;
- (15) death of children under the age of 18 years from any cause;
- (16) any person found dead;
- (17) death in any 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 the provisions of chapter thirty A.

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.