

UNC HOSPITALS AUTOPSY AUTHORIZATION FORM (HIM# 406s)
101 Manning Drive, Chapel Hill, NC 27514

Patient Name Label Here

ALL SECTIONS (A-F) MUST BE COMPLETED. IF A TELEPHONE AUTHORIZATION IS OBTAINED, ALSO COMPLETE SECTION G.
Please see the accompanying Information and Instructions for Requests for Autopsy.

A. PATIENT INFORMATION

NAME OF DECEDENT	DATE OF BIRTH
NAME OF HOSPITAL/INSTITUTION (If not a UNC Hospitals patient)	DATE AND TIME OF DEATH
INSTITUTION CONTACT PERSON AND TELEPHONE NUMBER	

B. SCOPE OF AUTOPSY PROCEDURE

The autopsy is a medical procedure that is performed at UNC Hospitals to learn more about the cause or reasons for death. A complete, unlimited autopsy includes the removal and examination of all organs from within the chest, abdomen, pelvis and skull. This includes the removal and retention of body tissues, body parts and organs including but not limited to the eyes, brain, heart, lungs, liver, spleen, pancreas, kidneys, urinary bladder, gastrointestinal organs, and reproductive organs, for diagnostic purposes. The organs may also be used by UNCH or the UNC School of Medicine for scientific, educational and/or teaching purposes, with the patient's identity remaining confidential. The removed organs and tissues are not returned to the body unless specifically requested as an exception (limitation) to a complete autopsy.

SELECT ONE:

- Permission for a COMPLETE autopsy is granted
- Permission is granted for an autopsy, but with the following limitations and conditions (specify):
(Examples: "Brain only"; "Chest only"; "Limit to chest and abdomen"; "Abdomen and pelvis only"; "Exclude brain")

Limitations: _____

C. SIGNATURE OF AUTHORIZING INDIVIDUAL AND RELEASE OF BODY TO FUNERAL HOME. I represent that I am the authorized representative (see back of this form for explanation). I know of no opposition to autopsy by the patient or by a family member of the patient of the same or prior group allowed to authorize an autopsy of the patient. Upon completion of the autopsy, I authorize the release of the remains to the funeral home/crematorium listed below. **I acknowledge that the autopsied remains may only be transported by the funeral home/crematorium or its designee.**

Authorized Representative Signature _____ Date _____ Time _____ Telephone number _____

Authorized Representative Printed Name _____ Relationship to Decedent _____
(IF HEALTH CARE POWER OF ATTORNEY, DOCUMENTATION MUST BE PROVIDED)

Authorized Representative Address _____

Name of Funeral Home/Crematorium:	Telephone Number:
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D. WITNESS SIGNATURE (REQUIRED) THE WITNESS MUST NOT BE THE PROVIDER OBTAINING THE AUTHORIZATION OR A PERSON RELATED TO THE PATIENT.

Witness Signature _____ Date _____ Time _____ Telephone number _____

Witness Printed Name _____

E. SUBMITTING PROVIDER (REQUIRED)

Provider Signature _____ Date _____ Time _____ Telephone number _____

Provider Printed Name _____

F. REQUIRED BY PROVIDER

- Mark box to verify that this case is not a Medical Examiner case

G. TELEPHONE AUTHORIZATION

- Mark box if a telephone authorization for autopsy was obtained.

The autopsy authorization must be discussed over the telephone in the presence of a witness. The autopsy statements above must be read to the representative in their entirety and questions answered. All of the above should be completed with the exception of the Authorized Representative Signature.



INFORMATION AND INSTRUCTIONS FOR REQUESTS FOR AUTOPSY

Referring institutions: UNC Hospitals Decedent Care Services (DCS) **MUST** be notified prior to transport of the body to UNCH. The completed Autopsy Authorization Form must be faxed to DCS for review and approval prior to body transport.

Telephone: 919-966-4491 Fax: 919-843-6717

1. For every in-house patient death at UNCH, the attending physician or other designated physician (collectively, the "Provider") must request an autopsy of the appropriate patient representative, to comply with UNCH policy (ADMIN 0013 Autopsy).
2. The Provider must determine if the death should be referred to the Medical Examiner (refer to the criteria below). The death must be reported to the ME of the county in which the body of the deceased was found. If there is any question as to whether a case should be referred to the ME, call the Office of the Chief Medical Examiner (OCME) for consultation at 1-800-672-7024 or 919-743-9000.

The Authorized Representative should be informed that the Medical Examiner has the right to perform an autopsy in potential forensic cases whether approved by the Authorized Representative or not, and that UNC Hospitals would only perform an autopsy in potential forensic cases with the Authorized Representative's permission after the Medical Examiner waives autopsy or performs solely an external examination.

Potential Medical Examiner/Forensic cases. Deaths in the following cases must be reported to the Medical Examiner.

- Homicide, Suicide, Accident, Trauma, Disaster, Violence, Poisoning (or suspicion of poisoning)
- Occurring under unusual, unnatural or suspicious circumstances
- Occurring in a jail, prison, correctional institution or in police custody
- Occurring in certain State-operated mental health facilities
- Occurring suddenly when the deceased had been in apparent good health or when unattended by a physician
- Public health hazard (such as acute contagious disease or epidemic)
- Deaths during surgical or anesthetic procedures

3. Order of Priority for authorization of autopsy.

A. Consent for an Autopsy during life. While an adult patient is alive, only the following individuals may consent to an autopsy: 1) a patient with capacity; or 2) the health care agent (acting on behalf of an incapacitated or decisionally incompetent patient pursuant to a valid health care power of attorney that specifically authorizes the agent to make decisions regarding the disposition of remains). Such consent is binding after death.

B. Permission for an Autopsy after death. After the patient's death, permission for autopsy may be given by: 1) the health care agent (pursuant to a valid health care power of attorney that specifically authorizes decision-making regarding the disposition of remains); 2) the personal representative of the patient's estate; or 3) the patient's next-of-kin, when persons of a prior class are unavailable after a reasonable effort to locate them.

The order of priority is as follows:

- 1. the health care agent under a valid health care power of attorney with authority to make decisions about the disposition of remains**
(DOCUMENTATION VERIFYING THE HEALTH CARE AGENT MUST BE SUBMITTED WITH THE AUTOPSY REQUEST FORM)
- 2. the personal representative of the patient's estate**
- 3. the spouse**
- 4. any adult son, adult daughter, adult step son, or adult step daughter**
- 5. either parent, including step parents**
- 6. any adult brother, adult sister, or adult half brother or adult half sister**
- 7. a guardian of the person of the patient at the time of the patient's death**
- 8. any other person authorized or under obligation to dispose of the body**

4. Certification

The submitting Provider and one witness (unrelated to the patient) must document on the form that an autopsy was authorized (applies to both written and verbal authorizations).

5. Verbal authorization (via telephone)

Verbal authorization by phone from the authorizing individual is permissible, using the same order of priority listed above, but only if a proper authorization cannot be obtained otherwise. A witness is required for the authorization.

6. If applicable, documentation must be provided with the autopsy request form verifying a health care agent acting under a valid health care power attorney.

7. Autopsies are performed between 8:30am - 4:30pm, excluding Sundays and major holidays. Final reports will generally be completed in EPIC within 60 workdays from the date of autopsy. A hard copy of the report will also be sent to the authorizing individual for UNCH patients. For outside referrals, reports will be sent to the Medical Information Management department for that institution. For questions, the authorizing agent can contact UNCH Decedent Care Services at 919-966-4491.

