



## CONSENT FOR AUTOPSY

### Who can legally give consent to perform an autopsy?

An autopsy may not be performed without the prior written consent of an authorized person. The following persons are authorized to give consent to an autopsy in the order of priority.

#### Authority to Consent to Autopsy: I am (please check one)

- The surviving husband or wife; (or, if no spouse is alive >)
- Adult child/children 18 years or older;
- Either parent or guardian;
- Sibling (s) aged 18 years or older;
- A guardian of the deceased person at the time of death
- Legal representative or authority appointed by family

I, \_\_\_\_\_ (print name), the closest living next of kin or personal representative to \_\_\_\_\_ (deceased with DOB \_\_\_\_\_ and DOD \_\_\_\_\_) consent to and authorize Dr. Priya Banerjee MD and Anchor Forensic Pathology, LLC to complete the type of autopsy checked below (**check only one box**):

**UNLIMITED AUTOPSY:**

**LIMITED/PARTIAL AUTOPSY:**

- Exam is restricted to brain and spinal cord
- Exam is restricted to the chest and abdomen only
- Exam is restricted to the chest cavity
- Exam is restricted to the abdominal cavity
- Other(specify) \_\_\_\_\_

I authorize the removal and retention of tissues, fluids or other biological samples as determined by the Anchor Forensic Pathology, LLC pathologist in their reasonable discretion for diagnostic purposes or as requested by authorizing party.

I further authorize release of medical records, investigative or other pertinent information to Anchor Forensic Pathology, LLC, regarding any treatment or procedure the deceased may have undergone or was performed in association with the death. The information may be used to better understand the cause of death, manner of death and surrounding circumstances of the decedent.

Email address to send report to: \_\_\_\_\_@\_\_\_\_\_

Physical mailing address: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print) \_\_\_\_\_

Telephone number :\_(\_\_\_\_\_)\_\_\_\_\_

**Witness Signature/Print Name** \_\_\_\_\_

**Witness Signature/Print Name** \_\_\_\_\_