

RUSH UNIVERSITY MEDICAL CENTER
**AUTHORIZATION AND CONSENT
FOR AUTOPSY**

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

Consent-P

Authorization and Consent for Autopsy



IDN13150264

I, _____ being the
(Name of Consenting Party)

relation of _____, and
(Relationship to Patient)

being the closest of next of kin to the deceased patient _____;
(Name of Deceased Patient)

and having the right to determine the method for disposing of the body of the deceased, hereby grant to authorities of Rush University Medical Center permission and authorization to perform an examination of said body with the object of ascertaining the direct and indirect causes of death, and to removal and retention of such tissues and organs as the Medical Center considers necessary for complete examination or for scientific purposes.

- 1. Complete autopsy ☐
- 2. Complete autopsy excluding brain examination ☐
- 3. Brain examination only autopsy ☐
- 4. Limited autopsy* (Specific organ(s)/Site) ☐
- 5. Limited autopsy* (Needle biopsy of organ(s)/Site) ☐

Indicate limitations*: _____

DATE: _____

(Signature of Consenting Party)

TIME: _____ A.M. / P.M.

(Telephone Number)

WITNESSES:

(Signature of Witness)

(Print Name and Address)

(Signature of Witness)

(Print Name and Address)

(See reverse side for instructions)

INSTRUCTIONS:

An autopsy upon the body of a deceased patient may be performed if this consent form is signed by:

1. The patient prior to his/her death.
2. A surviving relative (in the following order: Spouse, adult sons or daughters, either parent, or adult brothers and sisters) who has the right to bury and/or dispose of the body of the deceased patient.

If two or more persons have an equal right to bury and/or dispose of the body of the deceased patient, the consent need only be signed by one of the persons. However, if one of the persons who has an equal right to bury the body of the deceased patient objects to the performance of an autopsy in writing, in person, by telephone, or by authorized electronic communication, an autopsy may not be performed. If the consent is obtained "in person" there need only be one witness, but if the consent is obtained by telephone or authorized electronic communication, there must be at least two witnesses to verify receipt of the consent.*

*Source: Illinois Autopsy Act (SHA Chapter 31, Section 41 *et seq.*)

CRITERIA FOR MEDICAL EXAMINER CASES:

- During medical, diagnostic, or therapeutic procedures, operating room, or anesthesia
 - Poisoning or attributable to an adverse reaction to drugs and/or alcohol
 - Sudden unexplained death, when in apparent good health
 - Unattended by a practicing, licensed physician
 - Disease constituting a threat to public health
 - Suicide
 - Maternal deaths
 - Burns
 - Suspicious or unusual circumstances
 - Criminal violence
 - Criminal abortion
 - Disease, injury or toxic agent resulting from employment
 - Body to be cremated, dissected, or buried at sea
 - Accident, trauma; Complications even if remote
 - Unclaimed bodies, unknown identity
 - Involuntarily confinement in any prison/penal institution, prison hospitals, or other institutions or in police custody
 - Dead body brought into a new medico-legal jurisdiction without proper medical certification
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