



## AUTHORIZATION FOR POST-MORTEM EXAMINATION

The undersigned request and authorize the Pathology Staff of AutoPath LLC, Edward D. McDade Jr. MD, to perform a complete autopsy in accordance with standard procedures on the remains of:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Preserving any tissues and organs which may be removed for diagnostic purposes. This authority is granted with the following specified restrictions:

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In addition, the following Special Examinations shall be made:

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Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Witness: \_\_\_\_\_

Instructions: Telephone permissions must be recorded.

Authorization must be from Healthcare Surrogate, if one exists, or Legal Next of Kin. If no Next of Kin can be found, a qualified person claiming the body may authorize post-mortem examination.

Under "restrictions" write "NONE" or specify limitations such as "Head Excluded", "Abdomen Only", etc.