HOLY CROSS HOSPITAL

AUTOPSY CONSENT AND RECORD
(Excludes Medical Examiner's Cases)

PART I (TO BE COMPLETED BY DECEASED PATIENT LEGAL REPRESENTATIVE)

DECEASED PATIENT NAME:_____

DATE OF DEATH:_____ TIME OF DEATH PRONOUNCEMENT:_____ ☐ AM ☐ PM

PHYSICIAN REQUESTING AUTOPSY:_____

I, authorized under the laws of the State of Maryland, do hereby grant permission to the Department of Pathology of Holy Cross Hospital of Silver Spring to perform an autopsy on the body of _____, a deceased patient, including such examination of thorax and abdomen, brain, spinal cord, bones and marrow, extremities, neck and other parts* as the examining physician deems proper and to remove and retain such parts of the body as needed. I alone or with another, have assumed control of the body for its final disposition. * Delete any part(s) whose examination is not permitted.

LEGAL REPRESENTATIVE NAME (PRINT): _____

SIGNATURE_____

RELATIONSHIP TO DECEASED PATIENT:_____ DATE:_____ TIME:_____ ☐ AM ☐ PM

WITNESS SIGNATURE:_____

PART II (TO BE COMPLETED BY PATHOLOGY DEPARTMENT)

DATE OF AUTOPSY:_____ START TIME:_____ ☐ AM ☐ PM COMPLETE TIME:_____ ☐ AM ☐ PM

CLINICAL DIAGNOSIS: _____

_____

Autopsy cause of death (Gross finding)

Part I Immediate Cause a)_____

b)_____

c)_____

Part II Contributing Causes _____

_____

DATE _____ TIME _____ SIGNED_____, M.D.

WHITE - CHART YELLOW - PATHOLOGY DEPARTMENT