



Consent to Autopsy

I hereby authorize ForensicDx pathologist to perform a postmortem examination, with the restrictions checked/listed below, on the body of _____, my _____ (state relationship), and to have present such persons as they deem proper.

Restrictions: Only open/examine organs/tissue from the check one below):

- _____ No Restrictions
- _____ Chest Only
- _____ Head Only
- _____ Chest/Abdomen Only (Abdomen includes pelvis)
- _____ Abdomen Only (Abdomen includes pelvis)
- _____ List specific organs to remove/examine - _____

Decedent's Date of Birth: _____ **Date of Death:** _____ **Time of Death:** _____

*I certify that I am at least 18 years of age, and that I know of no closer kin than I available to assume custody of this body.
I agree to provide for burial as soon as practicable after autopsy.*

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

NEXT OF KIN LEGAL ORDER OF AUTHORIZATION - Please Check One

- _____ Legal Guardian
- _____ Spouse
- _____ Adult Children
- _____ Adult Grandchildren
- _____ Parents
- _____ Adult Sister/Brother
- _____ Adult Niece/Nephew
- _____ Grandparent
- _____ Uncle or Aunt
- _____ Cousin
- _____ Stepchildren
- _____ Relatives or next of kin of patient's deceased spouse
- _____ Friend of patient

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| <p>NEXT OF KIN CONTACT INFORMATION (Please Print)</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Phone _____</p> |
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Charges: Initial _____ I understand I am responsible for the autopsy fee which includes:
1-LODOX Image, 1-Postmortem Examination, 1-Urine Drug Screen
1-Autopsy Report Signed by a Pathologist.

- Any requested additional services are at the expense of the signee.
- All signed reports are considered complete.
- Any additional material to be reviewed 30 days past the date of signing may be subject to an additional charge.