

Alaska Native Medical Center (ANMC) Autopsy Consent

Case falls within jurisdiction of Alaska State Medical Examiner yes no
Medical Examiner released remains from his jurisdiction to ANMC yes no

I authorize the pathologist at ANMC to perform an autopsy on the remains of _____

I understand and agree that an autopsy is a medical procedure that will be performed only to help explain unknown and unanticipated events that led to the patient's death or otherwise meet the "ANMC Guidelines for Performing Autopsies".

I understand that I am giving permission to ANMC to perform an autopsy, but that an autopsy will only be performed if, in the opinion of an ANMC pathologist, an autopsy is required. I understand that I will be advised by the patient's physician if an autopsy will or will not be performed as soon as a decision is made.

I hereby allow ANMC to hold the body until such determination is made and, if appropriate, an autopsy is performed.

I understand that a complete autopsy may include, but not be limited to; examination of the head, eyes, spinal cord, chest, and abdomen unless excluded under the restrictions below.

I authorize the removal, retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs that the physician or their designee may deem appropriate, and the final disposal in such a manner consistent with ANMC procedures

For this autopsy, the following restrictions will apply: None or _____

Note: This is a legal document that must be fully completed and appropriately witnessed.

I am the decedent's next of kin and have authority to provide consent for this autopsy to occur.

Signature _____

Relationship to patient _____

Witness _____

Attending Physician _____

Patient Identification

Date/Time _____