AUTHORIZATION FOR AUTOPSY

I (printed name), _____, hereby grant to ***Allina Health, Hospital Pathology Associates (HPA), and their designees*** permission to make a complete post mortem examination of the remains of:

_____ _____

(Name of Deceased) *Date/Time of Death*

I authorize the removal, testing and retention of organs, organ parts, fluids, or tissues for diagnostic, scientific, or therapeutic purposes as the physicians and surgeons deem proper. Genetic testing or paternity testing is not included. I have been given the opportunity to ask questions regarding the scope and purpose of this examination. I acknowledge that the results may be provided to me by the Primary Physician. I give permission for this examination, with the following **RESTRICTIONS:**

☐ None

☐ List Restriction(s): _____

Complete autopsy examination in no way precludes customary funeral practices. Restrictions may limit the quality of the information gained from the autopsy. Allina and HPA also will follow any limits set by the deceased person, if known.

I am the:

☐ **person appointed by the deceased (Authorized Appointee)** in a health care directive, or similar directive or written instrument, to authorize performance of an autopsy ***; or**

☐ **surviving spouse of the deceased** (must be **Legal Spouse); or**

☐ **Legal Next-of-Kin responsible for disposition (select specific category below).**

The Next-of-Kin in this list may provide consent only if a Legal Spouse is unavailable and unwilling to be involved. The Next-of-kin listed below have authority to consent, in the order listed. If anyone with equal or higher on this list objects, the autopsy cannot proceed.

☐ adult child(ren)

☐ parent(s)

☐ adult sibling(s)

☐ adult grandchild(ren)

☐ grandparent(s)

☐ adult nieces and nephews

☐ Other next of kin, named by law to inherit the estate_____ (only use if no one higher on this list is available and willing to be involved)

Signature: _____ Date _____ Time: _____ AM PM

Signature of Witness: _____ Printed Name: _____

The hospital reserves the right to decline to proceed with an autopsy in any case.

Allina Health 06571277-A (4/09)	Patient Label