WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

Administrative Manual

SUBJECT: AUTOPSY **No: AM 9.14**

EFFECTIVE DATE: 12/2/97

REVIEWED/REVISED: 1/29/03, 3/23/04; 05/05; 02/06; 04/07; 03/08; 3/09; 3/10; 5/11; 6/12; 1/13; 1/14; 1/18, 1/21, 1/24

Hospital Policy

PURPOSE:

To provide families with information regarding autopsy.

POLICY:

WCRH does not perform autopsies. Families will be referred to the clinical pathologist/hospital of their choice upon receipt of written consent by the parent or guardian. Consent Form is attached as part of this policy.

PROCEDURE:

1. Under no circumstances may an autopsy be permitted or performed without:

    a. The written consent of the parent/legal guardian or the nearest of kin of the deceased or
    b. A duly executed court order or
    c. At the direction of the medical examiner or coroner.

2. The autopsy permit must be signed by the person authorizing the autopsy and filed in the patient's medical record.

3. In the event that an advance directive has been recorded in the patient's medical record concerning an autopsy, the patient's representative/parent/legal guardian must be contacted prior to the autopsy being performed.

3. The Administrator or his/her designee will notify the attending physician and other interested staff that an autopsy is being performed or mandated. Date, time, and place will be provided.

_____

Administrator

Subject: Autopsy (Attachment)

Consent to Autopsy

I as parent/legal guardian who has assumed responsibility for burial of the body of the deceased, hereby grant permission to perform an autopsy on the body of:

_____

_____

The autopsy here authorized shall be complete except for such limitations as stated below, and such organ tissue may be removed as may be necessary for subsequent study in the opinion of the physician by whom an autopsy is performed.

_____

_____

Signed: _____

Relationship:_____

Witness:_____ _____
Date