



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form **MUST** be completed by the person authorized to give consent to a postmortem examination or autopsy before such procedure can be conducted [CCP Art. 49.32].

This form **IS NOT** required if an autopsy is ordered by a Justice of the Peace or Medical Examiner as part of a death inquest or ordered by the Texas Department of Criminal Justice under Texas Government Code §501.055 [CCP Art. 49.31].

## ***Persons Authorized to Consent to Postmortem Examination or Autopsy***

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
- the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent's estate;
- the adult children of the decedent;
- the parents of the decedent; and
- the adult siblings of the decedent.

If there is more than one person of the same relation entitled to give consent to a postmortem examination or autopsy, consent may be given by a member of the same relationship unless another person of the same relationship files an objection with the physician, medical examiner, justice of the peace, or county judge. If an objection is filed, the consent may be given only by a majority of the persons of the same relationship of the class who are reasonably available. An example of this would be multiple surviving adult children.

A person may not give consent if, at the time of the decedent's death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

## ***Anatomical Gift by Decedent Prior To Death***

An anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education by

- the donor,
  - if the donor is an adult; or
  - if the donor is a minor and is:
    - emancipated; or
    - authorized under state law to apply for a driver's license because the donor is at least 16 years of age and:
      - circumstances allow the donation to be actualized prior to 18 years of age; and
      - an organ procurement organization obtains signed written consent from the minor's parent, guardian, or custodian;
- an agent of the donor, unless the medical power of attorney or other record prohibits the agent from making an anatomical gift; a parent of the donor, if the donor is an unemancipated minor; or
- the donor's guardian.

## ***Anatomical Gift of Decedent's Remains by Someone Other Than the Decedent***

Unless the decedent has refused to make an anatomical gift in writing prior to death, an anatomical gift of a decedent's body or part for the purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

- an agent of the decedent at the time of death who could have made an anatomical gift under Section 692A.004(2) immediately before the decedent's death;
- the spouse of the decedent;
- adult children of the decedent;
- parents of the decedent;
- adult siblings of the decedent;
- adult grandchildren of the decedent;
- grandparents of the decedent;
- an adult who exhibited special care and concern for the decedent;
- the persons who were acting as the guardians of the person of the decedent at the time of death;
- the hospital administrator; and
- any other person having the authority to dispose of the decedent's body.

If there is more than one member of a class listed above entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to be receiving the anatomical gift and knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

A person may not make an anatomical gift if, at the time of the decedent's death, a person in a class higher than them is reasonably available to make or to object to the making of an anatomical gift.

## ***Death Inquest by Medical Examiners***

Some deaths may require a medical examiner to conduct an investigation or inquest and cause of death certification which may include an autopsy [CCP Art. 49.25-56]. These include:

- A body was found and the cause and circumstances of the death are unknown.
- The death is believed to be an unnatural death from a cause other than a legal execution (accident, suicide, or homicide)
- The death occurred in prison or in jail.
- The death occurred within 24 hours of admission to a Hospital
- The death occurred without medical attendance.
- The physician is unable to certify the cause of death.
- The deceased is under six (6) years of age.

## ***Nonaffiliated Physicians***

Before signing this form, a representative of the hospital or other institution where the death occurred is required to inform a person authorized to consent to a postmortem examination or autopsy that they may request that a physician who is not affiliated with the hospital or other institution where the death occurred to perform the postmortem examination or autopsy at another hospital or institution.

A person authorized to consent to a postmortem examination or autopsy may also have a physician that is not affiliated with the hospital or institution where the death occurred review the postmortem examination or autopsy conducted by a physician affiliated with the hospital or other institution where the deceased person died.

A person requesting a nonaffiliated physician to perform or review a postmortem examination or autopsy is responsible for any additional costs incurred as a result of the nonaffiliated physician's performance or review of the examination or autopsy.



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

## POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

NAME OF DECEDENT:	DATE OF DEATH
NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE	TEXAS LICENSE NUMBER
NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED:	

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure:

None. Permission is granted.

Permission is granted for an autopsy with the following limitations and conditions (specify):

\_\_\_ Exam is restricted to brain and spinal cord    \_\_\_ Exam is restricted to the chest and abdomen only

\_\_\_ Exam is restricted to the chest cavity    \_\_\_ Exam is restricted to the abdominal cavity

\_\_\_ Other: (Specify) \_\_\_\_\_

I authorize the release of the remains to the funeral services provider or person listed below after examination.

Name of Funeral Service Provider or Person:	Telephone Number:
---	-------------------

\_\_\_\_\_  
Authorizing Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Person's Printed Name and Relationship to Decedent

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Printed Name

**Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code §195.003)**

Beaumont/Jefferson County  
4381 W. Cardinal Dr.  
Beaumont TX 77705  
Phone: (409) 924-1440  
Fax: (409) 842-5229



www.forensicmedtx.com

Tyler  
11980 Highway 155 North  
Tyler TX 75708  
Phone: (903) 877-3800  
Fax: (903) 877-3880

### VERIFICATION OF AUTHORIZATION

Decedent's Name:

\_\_\_\_\_

*First*

\_\_\_\_\_

*Middle*

\_\_\_\_\_

*Last*

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### **RIGHT TO CONSENT TO AUTOPSY**

Texas law provides that consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed: *(please initial next to the applicable relationship)*

- \_\_\_\_\_ 1. the spouse of the decedent;
- \_\_\_\_\_ 2. the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent's estate;
- \_\_\_\_\_ 3. the adult children of the decedent;
- \_\_\_\_\_ 4. the parents of the decedent; and
- \_\_\_\_\_ 5. the adult siblings of the decedent.

#### **RIGHT TO CONTROL DISPOSITION OF REMAINS**

Texas law further provides that the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment: *(please initial next to the applicable relationship)*

- \_\_\_\_\_ 1. the person designated in a written instrument signed by the decedent;
- \_\_\_\_\_ 2. the decedent's spouse;
- \_\_\_\_\_ 3. any adult child of the decedent;
- \_\_\_\_\_ 4. either of the decedent's parents;
- \_\_\_\_\_ 5. any adult sibling of the decedent; or
- \_\_\_\_\_ 6. any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

*I certify that I have read the foregoing and do hereby verify that I am the authorized person to give consent for a postmortem examination and to control the disposition of the remains of the above-named decedent. I authorize the physicians of Forensic Medical Management Services or any of its associates or consultants to perform an autopsy on the above decedent. I further authorize the removal, retention, examination and subsequent disposal of such organs, tissues and parts for diagnostic or scientific purposes as the pathologist deems necessary and proper.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Witness Signature

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### PRIVATE AUTOPSY QUESTIONNAIRE FORM

Name of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

What do you, as the next of kin, wish to learn from this autopsy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The pathologist will prepare a written report in which his findings and conclusions are summarized. A single copy of the final report will be sent only to the next of kin. Please provide the name and address of the person to whom the report should be sent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip*

**PLEASE DO NOT LEAVE ANY BLANKS; COMPLETE THIS FORM IN ITS ENTIRETY!**

#### NOTICES:

**Removal, Retention and Disposal of Organs:** One or more organs must be removed from the body during the autopsy. All or part of the removed organs may be retained (saved) for study by the pathologist for a period of time to be determined by the pathologist. Any organ tissue removed during the autopsy and not retained (saved) by the pathologist must be disposed (discarded). No records are maintained. No ashes can be saved for the family. No ceremony is performed.

**Confidentiality:** The content of an autopsy report is confidential and will be provided only to the legal next of kin. **However, if autopsy or toxicology findings indicate the death is due to non-natural causes, we may be required to report findings to the appropriate county agency(ies).** Photographs of the body or parts of the body may also be taken to document certain findings, and will be treated with the same confidentiality as any other part of the autopsy examination and report.

**Attendance at Autopsy:** One or more pathologists will be present during the autopsy. Other persons may be required to be present to assist the pathologist.

**Notification of Possible Failure of Autopsy to Define Certain Disease Processes:** An autopsy may successfully define a disease process only if it results in a change in the appearance of one or more organs. Many diseases produce electrical, submicroscopic, chemical, or other changes which cannot be detected by an autopsy examination. It is possible that the pathologist cannot reach a conclusion or answer questions of interest to the next of kin even after performance of an autopsy.

**Death Certificate:** The forensic pathologist will not complete a death certificate. Death certificates must be completed by the personal physician of the decedent, or in some cases, by the Justice of the Peace. Should the personal physician or Justice of the Peace desire a copy of the autopsy report to assist in the completion of the death certificate, a copy will be provided free of charge.

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**HEALTH HISTORY QUESTIONNAIRE (PRIVATE AUTOPSY) Page 2**

**(Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol abuse         | <input type="checkbox"/> Digestive Disorders           | <input type="checkbox"/> Pacemaker/Defibrillator   |
| <input type="checkbox"/> Alzheimer's/Dementia  | <input type="checkbox"/> Heart Issues/Disease          | <input type="checkbox"/> Recent falls/fractures    |
| <input type="checkbox"/> Anemia/Blood disorder | <input type="checkbox"/> Hypertension                  | <input type="checkbox"/> Seizures                  |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Kidney Disease/Disorders      | <input type="checkbox"/> Street/Prescription Drugs |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Liver Disease/Disorder        | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Cholesterol           | <input type="checkbox"/> Mental Disease/Defects        | <input type="checkbox"/> Tobacco Use (smoke/chew)  |
| <input type="checkbox"/> COPD                  | <input type="checkbox"/> Neurological Issues/Disorders | <input type="checkbox"/> Tuberculosis              |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Other                         |  |

Please provide explanation on any answer selected above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For conditions noted above, where or who treated/diagnosed? \_\_\_\_\_  
\_\_\_\_\_

Primary care physician(s), specialist(s), clinic, and/or hospital contact information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of over the counter and prescription medications being taken by the deceased, if known \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Name of person completing form**

\_\_\_\_\_  
**Relationship to deceased**

\_\_\_\_\_  
**Date**



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**FORENSIC MEDICAL MANAGEMENT SERVICES**

**TYLER** -11980 Highway 155 North  
Tyler, TX 75708  
**Phone: (903) 877-3800**  
**Fax: (903) 877-3880**

**BEAUMONT** – 4381 W. Cardinal Dr.  
Beaumont, TX 77705  
**Phone: (409) 924-1440**  
**Fax: (409) 842-5229**

**Request for Release of Information**

I, \_\_\_\_\_ the \_\_\_\_\_  
Printed Name Relationship

of \_\_\_\_\_  
Name of Deceased Date of birth

\_\_\_\_\_, authorize the release of medical records to Forensic Medical Management Services  
SS#

for the purpose of investigating and/or determining cause and manner of death.

**Attention: Records Division/Release of Information Dept.** Our forensic facility has been authorized to perform an autopsy on the above-referenced decedent for the purpose of determining the cause and manner of death. A copy of the Autopsy Authorization signed by the Justice of the Peace accompanies this fax for your records. In order to complete our investigation, we require medical records or information from your institution. The authority for this request is within the following statutes:

**Health Insurance Portability and Accountability Act (HIPAA)** of 1996 explicitly states that neither authorization by next of kin, nor a court order, is required to release private health information (PHI) to the Coroner, Medical Examiner and/or covered entities in line of his or her duties [see 45 C.F.R. § 164.512(g)].

Researching a decedent's past medical history is the first step in conducting a post-mortem investigation. Not only deaths from apparent natural causes, but also homicide, suicide, and accident investigations as well. It is vital that any medical examiner office obtain the most accurate medical history possible. Once the decedent's PHI is in the medical examiner's case file, it too becomes protected by HIPAA laws, and is used only for the purposes of the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Phone Number