



# 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: (physician license number)
NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED: American Forensics, 2452 US Highway 80 E, Mesquite, TX 75149	

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:
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\_\_\_\_\_  
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)**



# 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 Examiners 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 may 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 §6]. 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.

# American Forensics

2452 US Highway 80E, Mesquite, TX 75149

Phone: 214-221-2700

Facsimile: 972-692-6676

Email: [info@usaforensics.com](mailto:info@usaforensics.com)

Web: [www.usaforensics.com](http://www.usaforensics.com)

Patient Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Please provide contact information for the **Next of Kin (NOK)** or the person designated by the NOK to receive all information regarding the examination. NOTE: It is American Forensics' Privacy Policy to release information by phone, email or fax with **only the NOK** who requested the examination or their one Designee listed below.

**The preliminary autopsy report, the final autopsy report, phone and email conversations will be to the person listed below.**

NOK or Designated Contact Person: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

**Send report to (choose all that apply):**

mailing address \_\_\_\_\_ email address \_\_\_\_\_

I, \_\_\_\_\_, am the legal next of Kin and I designate the above person to receive all information regarding this examination.

Next of Kin Signature \_\_\_\_\_

Please fax or email this form to American Forensics:

Fax: 972-692-6676

Email: [info@usaforensics.com](mailto:info@usaforensics.com)



# Medical Records Release Form

Patient's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

The next of kin of the deceased \_\_\_\_\_ request and direct to release the decedent's medical records to American Forensics, LLC.

This authorization permits the above provider to disclose the following clinical records:

\_\_\_\_ All of the decedent's clinical records that the provider has in his or her possession, including information relating to any medical history, mental or physical condition and any treatment received by me; or

\_\_\_\_ All of the decedent's health care information described above except for the following. \_\_\_\_\_ (specifically identify)

\_\_\_\_ Only the following records or types of records (insert dates of treatment, type of treatment or other designation) \_\_\_\_\_

The next of kin understand that the records used and disclosed pursuant to this authorization form may include information relating to: Human Immunodeficiency Virus ("HIV") infection or Acquired Immunodeficiency Syndrome ("AIDS"); treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.

The next of kin understand that copies of the records indicated above will be: (check one or more, as applicable)

\_\_\_\_ Sent to: American Forensics, LLC  
2452 US Highway 80E, Mesquite, TX 75149

\_\_\_\_ Faxed to: American Forensics, LLC  
Fax Number: (972) 692-6676  
Telephone Number: (214) 221-2700

The next of Kin understand that to the extent any Recipient of this information, as identified above, is not a "covered entity" under Federal or Texas privacy law, the information may no longer be protected by Federal and Texas privacy law once it is disclosed to the Recipient and, therefore, may be subject to re-disclosure by the Recipient. The next of kin understand that the purpose(s) of the requested use and disclosure is to investigate more fully the cause and manner of death.

The next of kin understand that the next of kin may revoke this authorization in writing at any time except to the extent that the covered entity has already relied on this authorization. I understand that I may revoke this authorization by sending or faxing a written notice to American Forensics, LLC 2452 US Highway 80E Mesquite, TX 75149, Phone (214)221-2700 Fax (972) 692-6676 stating my/our intent to revoke this authorization.

Unless otherwise revoked, this authorization will expire on the 180th day of the signing or as otherwise specified below: \_\_\_\_\_

Signature of Decedent's Next of Kin \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Decedent's Next of Kin \_\_\_\_\_



Office (214) 221-2700  
Email info@usaforensics.com

Fax (972) 692-6676  
Web: www.usaforensics.com

Morgue Delivery/ Pickup Address: **2452 US Highway 80E, Mesquite, Texas 75149**

**Custody Release** \_\_\_\_\_

Name of Deceased

I authorize pick up of the Deceased from Hospital:  Not applicable

Hospital \_\_\_\_\_

Address: \_\_\_\_\_

Direct hospital contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I authorize pick up/ Release of the Deceased from/to:

(Circle one or both)

Funeral Home \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

So we can provide safe transport with proper equipment and personnel:

Deceased Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Legal Next of Kin for the Deceased