

Autopsy Consent and Consultation Request

Scanning Label or Accession # *(lab only)*

Patient	PHN		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Expiry: _____				
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
Address		City/Town		Prov	Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name
	Date of Death <i>(dd-Mon-yyyy)</i>		Time of death <i>(24 hr)</i>	Location of Death <i>(e.g. home, hospital, hospice, etc.)</i>	

I. Fatalities Inquiry Component - see Section I of Autopsy Consent- Information

This death does not fall under the Fatalities Inquiry Act
 This death falls under the Fatalities Inquiry Act. The Medical Examiner/Investigator has been notified and has declined the autopsy.
 Name of Medical Examiner/Investigator contacted *(print last name, first name)* _____

II. Consent for Autopsy - see Section II of Autopsy Consent- Information

I am the *(relationship)* _____ of *(name of the deceased)* _____ and, to the best of my knowledge, I am the highest legal next of kin ranked in the order of authority
 The reasons for performing an autopsy and the procedure involved have been explained to me and I have read and understood section II of the Autopsy Consent Information sheet.

III. Extent of Autopsy

I authorize the designated authorities to perform on the body of said patient: (please check appropriate box for type of autopsy to be performed)

Complete Autopsy Examination
 Partial Autopsy Examination *(please specify)* _____

I authorize and direct the removal, use and disposal of organs or tissue as it may be necessary or aid in the pathological diagnosis. These organs may **not** be returned to the body upon completion of the autopsy. It is understood that reasonable care will be taken to avoid disfigurement of the body.

List any restrictions to organ or tissue removal/disposal:

IV. Consent for Retention of Organs/Tissues for Education and Research - see Section IV of Autopsy Consent- Information sheet

I **consent** to bodily tissue and organs removed at autopsy being kept for the following purpose(s) and to the best of my knowledge the deceased would not object to this.

Future medical education and research
 Only medical education
 Only research

Special Instructions and/or Limitations *(please specify)*:

I **do not consent** to bodily tissue and organs removed at autopsy being kept for future medical education and/or research.

Last Name (Legal)	First Name (Legal)
PHN	

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V. Signatures (Note: Physician Obtaining Consent May Not Witness Signatures)		
Authorized Representative (Print Last Name, First Name)	Signature (not required if consent via telephone conversation)	Date (yyyy-Mon-dd)
Witness: of above signature or consent via telephone (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
Second witness required when telephone consent is obtained		
Second witness to telephone consent (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
VI. Consultation Request To be completed by the physician requesting the autopsy - please print		
Clinical Summary (include anatomical and radiological findings relevant to the autopsy, as well as pertinent laboratory data)		
State Problems to be elucidated at autopsy		
Doctor requesting to attend autopsy Print Name (Last Name, First Name)	Phone/Pager Number	
Note: Failure to provide adequate information may delay or cancel a request for autopsy on patient.		
VII. Infectious Diseases Please check the appropriate boxes		
Suspected infectious disease <input type="checkbox"/> No <input type="checkbox"/> Yes ► please complete the following HIV Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Not ordered (but patient in high risk group) <input type="checkbox"/> Unknown Hepatitis B or C Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Unknown TB <input type="checkbox"/> Positive <input type="checkbox"/> Negative Other communicable or infectious diseases (please list) _____ <input type="checkbox"/> Suspected prion disease (e.g. CJD)		
Note: Affirmative answers to some of the above questions may alter performance of autopsy.		
VIII. Signatures - see Section VIII of Autopsy Consent- Information sheet		
Physician/Designate Name (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
Phone/pager #		
For Lab Use Only		
Date of Autopsy (yyyy-Mon-dd)	Time of Autopsy (hh:mm)	AP Accession Number
Pathologist (Print Last Name, First Name)	Resident (Print Last Name, First Name) If applicable	

Autopsy Consent and Consultation Request - Information

I. Fatalities Inquiry Component

Contact Information for the Medical Examiner Office:

Calgary Location:

Phone: 403-297-8123

Fax: 403-297-3429

Email: ocme_admin@gov.ab.ca

Edmonton Location:

Phone: 780-427-4987

Fax: 780-422-1265

Email: ocme_admin@gov.ab.ca

Province of Alberta- Fatality Inquiries Act Part 2- Reporting and Investigation of Deaths

Deaths that require notification

10(1) Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to in subsection (2) or section 11, 12 or 13 shall immediately notify a medical examiner or an investigator.

(2) Deaths that occur under any of the following circumstances require notification under subsection (1):

- (a) deaths that occur unexplainedly;
- (b) deaths that occur unexpectedly when the deceased was in apparent good health;
- (c) deaths that occur as the result of violence, accident or suicide;
- (d) maternal deaths that occur during or following pregnancy and that might reasonably be related to pregnancy;
- (e) deaths that may have occurred as the result of improper or negligent treatment by any person;
- (f) deaths that occur
 - (i) during an operative procedure,
 - (ii) within 10 days after an operative procedure,
 - (iii) while under anesthesia, or
 - (iv) any time after anesthesia and that may reasonably be attributed to that anesthesia;
- (g) deaths that are the result of poisoning;
- (h) deaths that occur while the deceased person was not under the care of a physician;
- (i) deaths that occur while the deceased person was in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;
- (j) deaths that are due to
 - (i) any disease or ill-health contracted or incurred by the deceased,
 - (ii) any injury sustained by the deceased, or
 - (iii) any toxic substance introduced into the deceased,as a direct result of the deceased's employment or occupation or in the course of one or more of the deceased's former employments or occupations.

RSA 1980 cF-6 s10;1984 c9 s1;1991 c21 s9;1999 c26 s9

II. Consent for Autopsy

Legal Next of Kin Ranked in Order of Authority:

1. Spouse or adult interdependent partner, if they are not estranged, or executor* named in a will of the deceased;
2. Adult children of the deceased;
3. Parents or guardians of the deceased (minor or represented adult);
4. Adult brothers or sisters of the deceased;
5. Any other adult next of kin of the deceased.

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II. Consent for Autopsy continues

Note: If next of kin ranked higher in the order of authority are alive and mentally competent, they must sign the consent. If there is a dissension amongst family members, the autopsy may not be performed. Where the autopsy may not be performed due to dissension amongst family members, but where the next of kin ranked highest in the order of authority would like to proceed with organ and tissue retention, please use the Consent to Human Tissue and/or Organ Donation form.

*An executor may consent to autopsy but may only consent to organ and tissue retention if they are also next of kin. If the executor is next of kin, they may consent to organ and tissue retention in accordance with the ranked order of authority.

Please Note:

- This autopsy is not required by law. It is carried out to understand the cause of death, to study the effects of treatment, and to gather medical knowledge.
- Retention of tissue(s), organ(s) and/or fluids removed during autopsy is required for complete diagnostic testing. These specimens may be used for quality assurance purposes and, will be disposed of in accordance with approved laboratory standards.
- I can state the limitations about the autopsy and the removal and retention of tissues and organs.
- I may withdraw or modify this consent before the autopsy has taken place.
- Information about the results of the autopsy should be obtained from the patient's doctor.

IV. Consent for Retention of Organs/Tissues for Education and Research

Please Note:

- Every attempt will be made to utilize all donated organs and tissue. However, in the instances where the donation cannot be used, the organs and tissue will be disposed of in accordance with approved laboratory standards.
- The medical education and/or research referred to in this section are separate from the University of Alberta Anatomical Gift Program and the University of Calgary Body Donation Program.
- The University of Alberta Anatomical Gift Program and the University of Calgary Body Donation Program need the body completely intact (so it can be properly preserved). This means that once an autopsy has been performed, the body is not eligible for donation to these programs.

VIII. Signatures

- All autopsies must be requested by a physician. The physician must be listed at the top of the form under "Requestor(s)" along with the correct location to send the autopsy report to.
- A designate may sign on behalf of the physician requesting the autopsy. Please ensure to print the designate's name in this section.