Autopsy accession number: ____________________________________________

Pathologist: __________________________________________________________

Autopsy requested? ☐ Yes ☐ No
If yes, complete form below.
If no, signature of Next of Kin: __________________________________________ Date: ______________

I, __________________________________________ state that my relationship to the above deceased is
(circle one) parent, spouse, next-of-kin, person charged by law with the responsibility of burial, person assuming
the responsibility for burial and I hereby certify that I assume custody of the body of the deceased for the purposes
of autopsy and burial.

That I hereby authorize Henry Ford Hospital physicians and their representatives to conduct an autopsy of
such organs and tissues as may be deemed proper by the examining physician in the interests of determining the
cause of death; and the removal and retention of such organs, and parts of organs and tissues as may be deemed
proper for the advancement of medical knowledge, progress, and/or treatment of other patients.

Select one of the following:
☐ Complete Autopsy (examination of all organs, including the brain).
☐ Incomplete Autopsy; specify restrictions: __________________________________________

Signature: __________________________ Relationship: __________________ Date/Time: ______________

Physician Signature: __________________________ Witness Signature: __________________

TO BE COMPLETED BY THE PHYSICIAN
THIS FORM MUST BE COMPLETED BEFORE THE AUTOPSY CAN BEGIN

Principle Diagnosis:

Summary of Clinical Course (please include relevant tests and imaging studies):

Specific Questions to be Answered by Autopsy:

Clinician to be called: (PRINT) __________________________ Phone/page #: __________________

Send additional reports to:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________