

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

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

Social Security #: \_\_\_\_\_

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

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

## AUTHORIZATION FOR AUTOPSY

**Gregory J. Davis, M.D.**

Office: (859) 323-6183 Pathology Office: (859) 323-5425

Betsy Meredith, Staff Support Associate II (859) 257-5357

Please call UKMD's (859) 257-6845 or 1-800-888-5533 if you are unable to reach someone at the above numbers or after normal business hours

I request and authorize the physicians in attendance at University of Kentucky Hospital, Chandler Medical Center *to perform a complete autopsy including the central nervous system* on the remains of:

\_\_\_\_\_  
Patient's Name

and I authorize the removal and retention of use for diagnostic, scientific or therapeutic purposes of such organs, tissue and parts as such physicians deem proper. This permission is granted for a complete autopsy EXCEPT FOR THE FOLLOWING RESTRICTIONS:

Restrictions:  Abdomen only  Chest only  Chest and abdomen only  Brain only

Biopsy(s) of the following organs: \_\_\_\_\_

Other instructions: \_\_\_\_\_

**A copy of the autopsy report will be sent to the next of kin.**

\_\_\_\_\_  
Signature of Person Giving Authorization

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Address of Person Giving Authorization

\_\_\_\_\_  
Witness (**Signature and Printed Name**)

\_\_\_\_\_  
Date of Signature

**OPTIONAL** (Please check and initial to authorize): I further authorize release of a copy of the autopsy report to be sent to the referring hospital of the decedent. \_\_\_\_\_

Coroner's Jurisdiction:  Yes  No

\_\_\_\_\_  
Name of Funeral Home

Coroner's Office Notified:  Yes  No

\_\_\_\_\_  
Funeral Home Phone Number

\_\_\_\_\_  
Address of Funeral Home (if known)

Commonwealth of Kentucky recognizes the following order of legal authority when requesting authorization for autopsy from next of kin of decedent:

- |  |   |
|--|---|
| a. Spouse                                | i. Maternal and paternal grandparents   |
| b. Children (age 18 or over)             | j. Uncles and Aunts and their descendants   |
| c. Grandchildren (age 18 or over)        | k. Great-grandfathers and great-grandmothers  |
| d. Great grandchildren (age 18 or over)  | l. Brothers and sisters of great-grandfathers and great-grandmothers  |
| e. Father and/or Mother                  | m. Legal Guardian or the person who assumes responsibility to dispose of the body (person giving authorization) |
| f. Brothers and sisters (age 18 or over) |   |
| g. Nieces and nephews                    |   |
| h. Grand nieces and nephews              |   |