

***REQUIRED**



Knox County Regional Forensic Center 2761 Sullins Street, Knoxville, TN 37919

Knox County Regional Forensic Center
Autopsy Permit (Private)

Part 1. Deceased Identification:

Name: _____

Age: _____ Date of Birth: _____ Sex: _____ Social Security Number: _____

Facility of death: _____ Date of Death: _____ Time of Death: _____

Part 2. Next-Of-Kin Identification:

Name: _____

Address: _____

City: _____ State/Zip: _____

Telephone No: _____ Relationship: _____

NOTE: EACH SECTION MUST BE READ AND INITIALED BY LEGAL NEXT OF KIN

Part 3. Completeness of Autopsy:

Explanation: The next of kin or the pathologist may agree to limit the scope of the autopsy to answer specific questions of interest. That is, you may have the pathologist perform only part of a standard or complete autopsy.

Authorization: I authorize the autopsy to be as complete as necessary in the pathologist's judgement:

With no limitations _____(initial)

Except that the following limitations are to be observed: _____(initial)

Part 4. Custody of Body: _____(initial)

Explanation: Only the next of kin who assumes custody of the body for the purpose of burial may authorize the performance of an autopsy.

Statement: I affirm that I am the next of kin who assumes custody of the body for the purpose of burial.

Part 5. Request: _____(initial)

Explanation: As the next of kin of the deceased person who you may request that an autopsy be performed. Consent: I request an autopsy be performed by a pathologist in the employ of the Knox County Regional Forensic

Center. I understand that the cost of the autopsy shall be borne by the authorized person making the request and funds will be presented prior to autopsy,

Part 6. Removal and Retention of Organs: _____(initial)

Explanation: One or more organs may 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 or tissue retained for further testing will be treated as hospital surgical specimen.*

Authorization: I authorize the pathologist to remove organs from the body (unless limited in Part 3) and to retain all or part of these organs as deemed appropriate. I authorize all organs removed for further testing to be treated as hospital surgical specimens.*

Part 7. Reports: _____(initial)

Explanation: The pathologist will prepare a written report in which his/her findings and conclusions are summarized. A single copy of the final report will be sent only to the next of kin as identified in Part 2. Copies may be made by next of kin as deemed necessary. *Pursuant to Tennessee law, the written report may, under certain circumstances, be considered a public, open record (See Part 9).*

Part 8. Confidentiality: _____(initial)

Explanation: The content of an autopsy report is confidential. The report will be sent to only those persons identified in Part 8. *However, if autopsy and/or toxicology findings indicate the death is due to non-natural causes, The Knox County Regional Forensic Center may be required to report findings to the appropriate county and/or legal agency(ies). If so, the report may become a public, open record.*

Part 9: Photographs: _____(initial)

Explanation: The pathologist may elect to take photographs of the body or parts of the body to document certain findings. The photographs are treated with the same confidentiality as any other part of the autopsy examination and report and are not released as a part of the autopsy report.

Authorization: I authorize the pathologist to take such photographs as are necessary or desirable in his/her judgement.

Part 10: Attendance At Autopsy: _____(initial)

Explanation: One or more pathologists will be present during the autopsy. Other persons may be required to be present to assist the pathologist.

Authorization: I authorize persons whose presence is necessary or desirable, in the pathologist's judgement, to attend the autopsy.

Part 11: Information Desired from Autopsy by Next of Kin

Explanation: As part of our efforts to reduce the cost of medical care, a complete autopsy may not be performed as this procedure is very labor intensive. The pathologist may elect to focus on certain questions of importance and interest to the next of kin and/or attending physician.

Inquiry: What do you, as the next of kin or attending physician, wish to learn from this autopsy?

Part 12. Notification of Possible Failure of Autopsy to Define Certain Disease Processes

Explanation: 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.

Acknowledgement: I understand that the autopsy procedure has limitations in ability to diagnose diseases and the results of the autopsy may be inconclusive. __ (initial)

Part 13. Additional Comments:

Part 14. Signature of Next of Kin

Statement: By my signature, which follows, I state the following: I am the next of kin of the decedent identified above; I assume custody of the body for the purpose of burial. I consent to a Regional Forensic Center pathologist to perform an autopsy on the decedent's body. Any limitations on the autopsy procedure have been accurately recorded in Part 3. The pathologist may remove, retain, and dispose of organs as described in Part 6 and Part 7. All parts of this permit have been reviewed with me. The autopsy procedure has been explained to me. All of my questions have been answered to my satisfaction.

Signature of Next of Kin

Date/Time

Signature of Additional Next of Kin (optional)

Date/Time

Signature of Witness/Title

Date/Time

Signature of Second Witness
(Required for Telephone Consent)

Date/Time

ORIGINAL SIGNED FORM – Accompany body to the Regional Forensic Center

*medically incinerated



Individual Authorization for Use or Disclosure of Protected Health Information

Name of Decedent _____ MRN# _____
Date of Birth _____ Date of Death _____ Social Security Number _____

I _____ as the party responsible for final disposition for the above named decedent do hereby authorize **The Knox County Regional Forensic Center**, as the agent providing the requested autopsy service, to receive the health records of said decedent.

Next of Kin: _____ Relationship: _____

Address: _____ Telephone No: _____

Please list all medical providers of the decedent and the provider's contact information.

Primary Care Physician: _____
Phone Number: _____

Cardiologist: _____
Phone Number: _____

Pulmonologist: _____
Phone Number: _____

Neurologist: _____
Phone Number: _____

All Other Medical Providers: _____

Signature

Date

T.C.A. §68-4-111(a) (2015) Autopsy by consent of persons having custody of body.
A physician holding an unlimited license to practice medicine under the laws of Tennessee is deemed to have been legally authorized to perform an autopsy upon the body of a deceased person, when the autopsy has been consented to by the person assuming custody of the body for purposes of burial, such as the surviving spouse, the father, the mother, a child, a guardian, next of kin, or in the absence of any of the foregoing, such governmental agencies as charged by law with the responsibility for burial. If two (2) or more such persons assume custody of the body, the consent of one (1) of them shall be deemed sufficient legal authorization for the performance of the autopsy.