



## Consent for Postmortem Examination and Retention or Disposal of Tissue, Organs, ETC.

I do authorize the pathologists of Palmetto Health or their designee to perform a postmortem examination on the remains of

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I do hereby authorize and direct the pathologist to examine, retain for scientific purposes and/or dispose of all such tissues, organs, etc. as shall be removed during postmortem examination with the exception of the following:

PLEASE CHECK ANY ORGANS/TISSUES THAT ARE **NOT** TO BE INCLUDED IN THE AUTOPSY EXAMINATION:

- BRAIN/HEAD
- NECK
- CHEST (HEART/LUNGS)
- ABDOMEN (LIVER, SPLEEN, KIDNEYS, GASTROINTESTINAL TRACT)
- OTHER: \_\_\_\_\_
- I AUTHORIZE A FULL AUTOPSY OF THE DECEDENT WITH **NO RESTRICTIONS**

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

\_\_\_\_\_  
Print name of next of kin

\_\_\_\_\_  
Signature of next of kin

\_\_\_\_\_  
Print name of 1<sup>st</sup> witness

\_\_\_\_\_  
Signature of 1<sup>st</sup> witness

\_\_\_\_\_  
Print name of 2<sup>nd</sup> witness

\_\_\_\_\_  
Signature of 2<sup>nd</sup> witness

REASON FOR AUTOPSY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_