



P • P • S
 PROFESSIONAL PATHOLOGY SERVICES, PC
Your Total Pathology Solution

One Science Court Suite 200 Columbia, SC 29203 Phone: 1- 866-252-1913 Fax: 803-252-2330

- Allan T. Bennett, MD*
- Robert F. Bradley, MD*
- Amy M. Durso, MD*
- Jacqueline A. Emery, MD*
- Michael Hayes, MD*
- Jennifer B. Jones, MD*
- Lawrence E. Klein, MD*
- Bradley J. Marcus, MD*
- Darren J. Monroe, MD*
- Kent J. Newsom, DO*
- Jesse W. Powell, MD*
- Geoffrey P. Turner, MD, PhD*
- Sarah G. Williams, MD*

CONSENT FOR POSTMORTEM EXAMINATION AND RETENTION OR DISPOSAL OF TISSUE, ORGANS, ETC.

I do authorize the pathologists of Professional Pathology Services or their designee to perform a postmortem examination on the remains of

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

_____ Print name of next of kin	_____ Signature of next of kin	Date: _____ Time: _____
_____ Print name of 1 st witness	_____ Signature of 1 st witness	
_____ Print name of 2 nd witness	_____ Signature of 2 nd witness	

REASON FOR AUTOPSY: _____