

Delivery Network/Location

NAME:

BIRTH DATE:

MRN:

DOS:

(If handwritten, patient name, MRN, birth date, and DOS)

**Yale New Haven Health**  
**Request and Consent for**  
**Postmortem Examination/Autopsy**

Pathology barcode

To: Department of Pathology, Division of Autopsy Services

From: \_\_\_\_\_  
Floor/Location

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Clinical Team Members**

Please list the names and beeper or phone numbers for every member of the clinical team involved in the care of this patient (attending physician, residents, interns, etc.) who would like to be informed of autopsy findings:

Name (Please Print)	Phone Number/Pager	Would like to attend autopsy	Would like to attend organ review	Call with results	Send Report
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Designated clinical team member to answer questions related to clinical care: \_\_\_\_\_  
Name Contact (phone)

**Clinical Information:**

Major Clinical Diagnoses (Problem List; include significant past medical history): \_\_\_\_\_

Clinical Course: \_\_\_\_\_

Terminal Event: \_\_\_\_\_

Specific Questions to be addressed: \_\_\_\_\_



F1664

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**Please check below to specify the type of postmortem evaluation being requested:**

- Standard Autopsy (could include imaging)
- Virtual Autopsy (available at York Street Campus only)

**Additional Information on Virtual Autopsy**

The term "virtual autopsy" refers to post-mortem imaging and related non-invasive and minimally-invasive procedures including percutaneous needle biopsy/aspiration and/or peripheral vascular access, which may involve the removal, examination, and retention of small samples of tissues and fluids deemed proper for diagnostic, educational, quality improvement, and research. The body, samples, and findings will be otherwise handled in accordance with the processes detailed in the autopsy consent above. Postmortem imaging is most informative in conjunction with full conventional autopsy. While it can be performed as a stand-alone exam, evaluation is limited. Requests for stand-alone postmortem imaging will be considered on a case-by-case basis.

**Request and Consent for Standard Autopsy**

I \_\_\_\_\_, the \_\_\_\_\_  
 Name of person consenting to the autopsy (Please Print) Relationship to the deceased (Please Print)  
 of the deceased and entitled by law to control the disposition of the decedent, hereby request that a Yale New Haven Health System pathologist perform an autopsy on the remains of \_\_\_\_\_  
 for whom I assume responsibility for burial. Name of deceased (Please Print)

**Request and Consent for Virtual Autopsy**  
**(available at York Street Campus only)**

I \_\_\_\_\_, the \_\_\_\_\_ of the deceased and  
 (name) (relationship to decedent)  
 entitled by law to control the disposition of the decedent, hereby request that the members of Y-TRIC (Yale Translational Research Imaging Center) in coordination with the Yale New Haven Health pathologist perform a virtual autopsy on the remains of \_\_\_\_\_  
 for whom I assume responsibility for burial.  
 (decedent's name)

**ACKNOWLEDGMENTS:**

1. I have received the delivery network's "Patient Rights" statement and I understand that I have the right to arrange for the autopsy to be performed elsewhere but prefer to have it performed at the designated delivery network location.
2. I agree to the removal, examination, and retention of organs, tissues, prosthetic devices, and fluids that the pathologists deem proper for diagnostic, educational, quality improvement and research purposes.
3. I understand that this consent does not extend to the removal or use of any of these materials for transplantation or similar purposes, which requires a separate permission.
4. I understand that organs and tissues not needed for diagnostic, educational, quality improvement, or research purposes will be sent to the funeral home with the decedent.
5. I understand that I may place some limitations on both the retention of organs and the extent of the autopsy. I understand that any limitations may compromise the diagnostic value of the autopsy or may limit the usefulness of the autopsy for education, quality improvement, or research purposes.

No limitations

Limit examination to the following: \_\_\_\_\_

**Signature page must be completed.**

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# Yale New Haven Health

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- 6. I agree to the eventual disposition of retained materials as determined by the pathologists or the standards of the institution.
- 7. I understand that any diagnostic information gained from the autopsy will become part of the deceased hospital medical record.
- 8. I understand that the autopsy report contains protected health information and as a result, the same rules of privacy and confidentiality apply to the deceased. I understand; however, that as the next of kin, I have the right to a copy of the report, and understand that it is preferable to review the report with a clinician.

Please send a copy of the report to me at:

\_\_\_\_\_

Street City State Zip Code

- 9. If this death occurred at a delivery network that does not perform autopsies on-site, YNH (YSC) will make arrangements as necessary for the transportation of the decedent to the designated delivery network where the autopsy will be performed.
- 10. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy and I have been provided the autopsy information for family.

\_\_\_\_\_  
 Time Date Signature of person consenting to the autopsy Printed Name of person consenting to the autopsy

\_\_\_\_\_  
 Time Date Signature of person obtaining consent Printed Name of person obtaining consent

I have discussed in a witnessed telephone conversation all of the issues set forth in the Consent for Postmortem Examination/ Autopsy with the patient's authorized representative.

Consent was obtained by telephone on: \_\_\_/\_\_\_/\_\_\_ AM/PM  
Date Time

Name of person who gave consent: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone number of the person consenting to autopsy \_\_\_\_\_

\_\_\_\_\_  
 Time Date Signature of Person Obtaining Consent Printed Name of Person Obtaining Consent

\_\_\_\_\_  
 Time Date Signature of Witness Printed Name of Witness

**Interpretation Services (if necessary):** An interpreter facilitated the communication between the health care provider(s) and the patient or person authorized to consent for the patient in \_\_\_\_\_ (language) to assist in obtaining informed consent.

The interpreter conveyed the content of the original information expressed by and for both parties.

Time: \_\_\_\_\_ AM/PM Date: \_\_\_\_\_

Check here if:  Telephone  Video Interpreter  Interpreter  Bilingual Competency Program

ID Number (telephone/video only): \_\_\_\_\_

\_\_\_\_\_  
Print Name of Interpreter

\_\_\_\_\_  
Interpreter (face to face only)

F1664\_English (Rev. 08/22)  
Available in multiple languages  
Epic/MD Tools/Postmortem/Postmortem Consents

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**Autopsy**  
**(Information for the family)**

**Where will the autopsy be performed?**

The Autopsy Service at Yale New Haven Hospital (YNHH) performs the autopsies for Yale New Haven Hospital, Bridgeport Hospital (BH), the Veterans Affairs Connecticut Healthcare System - West Haven, and pediatric cases from Greenwich Hospital (GH). Each of these locations is responsible for obtaining autopsy consent and arranging for the transportation of the body to YNHH York Street.

The Autopsy Service at YNHH can be reached at **203-785-2748** M - F 9AM - 5PM; weekends and holidays 9AM - 3PM. Further information is available at: <https://medicine.yale.edu/pathology/clinical/autopsy/>

Lawrence and Memorial Hospital (LMH) performs autopsies for LMH and Westerly Hospital (WH).

Please notify the LMH Autopsy Service at **860-444-5100** M – F 8AM – 4:30PM ONLY AFTER the Autopsy Consent is completed.

Greenwich Hospital (GH) performs autopsies for adults at GH.

Notify GH Autopsy service (**203-863-3061** M - F 9AM - 5PM, or by message at **203-863-3081** outside those hours) after Autopsy Consent complete. Fax (**203-863-3846**) or deliver (Ground level - Room G 114) paper consents.

Autopsies are done at YNHH, at LMH, and at GH. For eligible patients dying outside of the hospital, arrangements will be made to transport the decedent to Yale New Haven Hospital, where the autopsy will be performed. The decedent will be released to the funeral home directly from the York Street Campus or optionally be transported back to the hospital where the patient was located at the time of death.

**The Autopsy Process:**

1. An autopsy is a post-mortem clinical consultation performed by a pathologist. Organs, tissues, prosthetic devices and fluids are examined for diagnostic, educational, quality improvement, and research purposes. It involves the use of surgical techniques and does not interfere with funeral arrangements.
2. The autopsy provides information on cause and mechanism of death and other disease processes that affected the deceased. For cases that meet criteria for reporting to the Connecticut Office of the Chief Medical Examiner or the Rhode Island Medical Examiner, those offices must first decline jurisdiction before an autopsy can be performed by the hospital.
3. The Attending Physician and Primary Care Physician (if identified) will automatically receive a copy of the preliminary and final report. The autopsy report is also available in the electronic medical record.
4. The responsible party authorizing the autopsy is also entitled to receive a copy of the preliminary and final report if so desired
5. In most circumstances, there will be no charge for an autopsy performed on an eligible patient who has ever been under the care of a practitioner at YNHH (YSC or SRC), BH, GH, or the West Haven Veterans Hospital. At LMH and WH, autopsy services at no cost are available for inpatient deaths only. Your family has the right to have the autopsy done at another institution of their choosing. If the autopsy is performed elsewhere, your family will have to make these arrangements and pay any associated costs.
6. Yale New Haven Health is not responsible for transportation costs for decedents who died outside of a network hospital.

**The Value of Autopsy:**

- Answers questions
- Assists in resolving grief and guilt
- Helps in settling insurance claims and legal claims
- Helps identify familial disorders
- Helps to ensure the quality of medical diagnostics and care
- Helps to identify environmental and occupational health risks
- Helps to identify trends in infectious diseases
- Improves the accuracy of vital statistics