

AUTHORIZATION FOR PEDIATRIC AUTOPSY

Performed at Primary Children's Hospital

The purpose of this form is to allow you to choose, and authorize, the type of autopsy examination you wish for your child's body. Before you sign this form, you and your health care provider should have had the opportunity to discuss the reasons why an autopsy is important, what is done during an autopsy, and what options are available to you. A brochure is available to help present this information.

An autopsy can provide useful information to you and your doctor about your child's illness or injury and cause of death. In some cases, information is found that explains if your child's illness could happen again in your family. The information obtained during an autopsy may also be important in improving care given to other children.

A standard autopsy is the best way to obtain the most information about your child's illness or injury. This examination includes two incisions; one over the chest and abdomen, and a second around the back of the head. Neither of these incisions can be seen during an open-casket funeral. Through these incisions, most internal organs are removed, weighed, and carefully examined. Many organs are stored in a special solution and retained for further examination by specialists in order to obtain as much information as possible. Stored tissues may also be occasionally used for research purposes.

If you do not wish the standard autopsy examination just described, you have other options. The autopsy can be limited to organs accessible through only one incision, or it can be confined to one or more organs. Should you not wish any incisions, examination of a small amount of tissue obtained through insertion of a needle to a specific organ may provide some information about your child's illness. However, it is important for you to know that limiting the examination will also limit the amount of information that can be obtained for you and your doctor.

All children cared for at Primary Children's Hospital have the right to a full autopsy if desired by the family. For these children, the cost of the autopsy and other studies are covered by the hospital. Should you have other questions about autopsies, your doctor is available to assist you.

Child's name: _____

I have read and understand the information provided to me about autopsy examinations and have been given the opportunity to have any questions answered. I authorize the doctors at Primary Children's Hospital to perform an autopsy examination on my child (named above). I recognize that the examinations requested may require the removal and retention of organs, tissues, and other body parts for diagnostic purposes, as has been explained to me.

Indicate the type of autopsy to be performed:

- ☐ Standard autopsy as defined above (recommended)
- ☐ Autopsy limited to body incision only
- ☐ Autopsy limited to head incision only
- ☐ Autopsy limited to external and radiographic examination only
- ☐ Limited as follows: _____
- ☐ Check this box if you DO NOT want your child's tissues used for research purposes

Written Consent:

I represent that I am entitled by law to control the disposition of remains as indicated above.

Signed: _____ Signed: _____
Relationship to deceased: _____ Relationship to deceased: _____
Date/Time: _____ Date/Time: _____

Person Obtaining Authorization (Physician or Licensed Independent Practitioner):

Signed: _____
Printed name: _____
Date/Time: _____

Witness:

Signed: _____
Printed name: _____
Date/Time: _____

Interpreter's Name and interpreter's Agency (If applicable): _____
Interpreter Printed Name Interpreter's Agency

Intermountain Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助

Si lo solicita, se le proveerá un servicio de interpretación gratis. Hable con un empleado del hospital para solicitarlo.



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