

# PERMISSION FOR AUTOPSY FORM



## Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu  
800.862.7284  
FAX: 734.936.0755

### SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd,  
Bldg 35, Ann Arbor, MI 48109-2800

Client Name:	Client Code:	Client Ward:
Clinician Ordering Autopsy:	Phone Number:	
Patient Registration Number or MRN:		
Patient Name: Last	First	MI
Birthdate:	Gender: OM OF	

Please use this form to document legal authorization by the decedent's next of kin or other approved entity permitting the autopsy to be performed. When granting permission for the autopsy, the Legal Next of Kin order is as follows (Durable Power of Attorney becomes invalid at death):

1. Funeral representative (must provide documentation)
2. Legal spouse (if none then specify divorced widowed or never married)
3. Adult child (if none then)
4. Adult grandchild (if none then)
5. Parent (if none then)
6. Other blood relative (sibling, grandparent, aunt/uncle, niece/nephew, etc.) (if none then)
7. Legal guardian (only if none of the above exist)

### OTHER INFORMATION

**Complete Autopsy:** Autopsies at Michigan Medicine are performed under the direction of pathologists to ascertain the cause of death and the nature of disease present. The pathologist will use procedures s/he deems best for a thorough autopsy. The pathologist will remove and may retain tissues and organs (including eyes) or fragments of these materials for study, examination, research, teaching, or therapy.

**Restricted Autopsy:** The pathologist will examine particular organs and/or tissues.

Please provide specific instructions for restricted autopsy: \_\_\_\_\_

### REQUESTS/APPROVALS

I give permission for an autopsy of the above named patient.

Name (Printed): \_\_\_\_\_ Relationship to Patient (Must be Next of Kin): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (Next of Kin): \_\_\_\_\_ Date and Time: \_\_\_\_\_

Signature (Witness): \_\_\_\_\_  
Date and Time: \_\_\_\_\_

Notify Michigan Medicine Laboratories (MLabs) at **1.800.862.7284** Monday – Sunday, 7:00 a.m. – 9:00 p.m. of request for autopsy

Fax Permission for Autopsy Form to MLabs at **734.936.0755**

For more information on how to complete this form, please call us at **800.862.7284**