

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: \_\_\_\_\_

NOTE: Permission form on back MUST BE COMPLETED



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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)

- 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:

- 6. At the discretion of the attending pathologist in certain cases at YNH (YSC or SRC), BH, GH, or the Veterans Hospital samples for genetic analysis may be taken and analyzed by DNA sequencing. These results may reveal information not only relevant to the deceased, but also to related family members. If genetic testing is carried out, I may arrange for the results of genetic testing to be presented to me by a genetic counselor. I also have the right to decline any genetic testing of the deceased.

If genetic testing is deemed appropriate and is performed, then I wish to be notified of significant genetic results by a qualified physician

I decline any genetic testing on the deceased

- 7. I agree to the eventual disposition of retained materials as determined by the pathologists or the standards of the institution.
8. I understand that any diagnostic information gained from the autopsy will become part of the deceased hospital medical record.
9. I understand that the autopsy report includes protected health information and as a result, the same rules of privacy and confidentiality that apply to medical records of living patients also apply to autopsy examinations and reports. Because I am authorized by law to consent to the autopsy on behalf of the deceased, I understand that I have the right to have a copy of the autopsy report (preliminary and/or final) sent to me, but that it is preferable to review the findings with a clinician.

I would like the reports sent to me at:

Street City State Zip Code

I would like to review the report with the clinician of my choice, please send it to:



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10. If this death occurred at a delivery network that does not perform autopsies onsite, YNHH (YSC) will make arrangements as necessary for the transportation of the decedent to the designated delivery network where the autopsy will be performed.

11. 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: Date Time AM/PM

Name of person who gave consent:

Relationship to Patient:

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 ID Number (telephone/video only):

Print Name of Interpreter

Interpreter Signature (face to face only)



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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 9A - 5P; weekends and holidays 9A - 3P. Further information is available at: <https://medicine.yale.edu/pathology/clinical/autopsy/>

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

The Autopsy Service at LMH can be reached at **860-444-5100** M - F 9AM-5PM.

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

The Autopsy Service at GH can be reached at **203-863-3061** M - F 9AM - 5PM.

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.
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



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### Patient Rights

As a patient, you have the RIGHT to:

- ❖ Respect. This includes your religion, your culture and social beliefs.
- ❖ Emotional support. Our staff will provide comfort to you and your loved ones when it is needed.
- ❖ Privacy and confidentiality while you are here. You can decide whom you want with you when we talk about your medical care.
- ❖ An interpreter. If you need an interpreter, we will get one.
- ❖ Full explanation of your medical care. You have the right to know the names of the people taking care of you and an explanation of your diagnosis and treatment.
- ❖ Make an advance directive (living will). Then we will know the name(s) of the person(s) you have chosen to tell us what you would want if you become unable to communicate or if you require life-sustaining treatment. We will respect your wishes.
- ❖ Have a family member or representative, and your own physician notified when you are admitted to the hospital.
- ❖ Pain management through prompt diagnosis and treatment. You also have the right to participate actively in decision about how to manage your pain.
- ❖ Not be restrained unless it is necessary for your safety.
- ❖ Make informed decisions about any treatment that requires your signature and consent. This includes experimental treatment.
- ❖ Refuse treatment or you may change your mind about any treatment.
- ❖ Be part of a research study if asked, but also have the right to say no.
- ❖ Look at your medical records. Your physician will review them with you except when restricted by law. You may request a copy after discharge.
- ❖ Know about any relationship that we may have with other organizations that may affect your care.
- ❖ A consistent plan of care. You will be given instructions on how to take care of yourself when you go home.
- ❖ Receive a copy of your bill with the charges explained.
- ❖ Request an autopsy at Yale New Haven Health. In most circumstances, there will be no charge for an autopsy performed on an eligible patient who, at the time of death has been under the care of a practitioner at YNH (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.
- ❖ Make a complaint about a medical decision, treatment or medical care. You may give your complaint to the patient representative, nursing staff, physician staff, other hospital staff or hospital administration. Your care will not be affected by a complaint and we will look into it as quickly as possible.
- ❖ File a written grievance if you are not satisfied with the response or resolution from the hospital about your complaint. You have the right to appeal to the State of Connecticut, Department of Public Health, 410 Capital Avenue, Hartford, CT 06134. Telephone number: 1-800-842-0038 or TTY: 1-860-509-7191. For Westerly Hospital: State of Rhode Island Department of Health, 3 Capitol Hill, Providence, RI 02908. Telephone number: 401-222-5960.

