

McLaren Flint
FLINT, MICHIGAN
REQUEST FOR AUTOPSY

I, _____, am the _____ (relationship) of _____, a deceased patient, and I have assumed custody of the body for burial. I do hereby request the authorities of McLaren Medical Center of Flint, Michigan to perform an autopsy of said body with the object of ascertaining the direct and indirect causes of death, including such examinations of thorax and abdomen, brain, spinal cord, peripheral nerves, bones and marrow, neck and organs of special senses as may be necessary for this purpose, and to retain such tissues and organs as necessary for complete examination. (Examination for which consent is not obtained must be deleted.)

I further request the hospital authorities to arrange for embalming under the direction of the funeral home of my choice should this be deemed desirable prior to performance of the autopsy. I agree that I am responsible for any transportation costs associated with the embalming procedure.

Signed: _____ Date: _____ Witness: _____

Address: _____

The patient received no therapeutic radioactive substances and was not known at the time of death to have any communicable disease except the following:

Signed _____ (Physician or Nurse familiar with patient's status)

CLINICAL SUMMARY AND MAJOR DIAGNOSES:

SPECIFIC REQUEST:

Date of Death: _____ Time of Death: _____ M.D./D.O. _____
Physician Signature

Resident Physician to be notified _____ Pager No. _____

PATHOLOGY DEPARTMENT

Date: _____

I, the undersigned parent of the non-viable fetus, hereby direct the authorities of McLaren Medical Center - Flint to make such disposition of same as they see fit.

Signed _____ Relation _____ Date: _____

Witness _____ Date: _____



PT.

MR.#/RM.

DR.