



Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

## Autopsy Consent and Consultation Request

Requestor(s)	Patient			
Physician Requesting the Autopsy <i>(last name, first name)</i>	PHN		Alternate Identifier	Date of Birth (yyyy-Mon-dd)
	Last Name	First Name	Middle Initial	Gender
Location / Code / Address for Report <i>(option to use stamp/label)</i>	Address			City/Town
	Province	Postal Code	Phone	Location
Copy to Physician <i>(last name, first name)</i> Location / Code / Address for Report / Phone / Fax				
Copy to Physician <i>(last name, first name)</i> Location / Code / Address for Report / Phone / Fax				
Date of Death (yyyy-Mon-dd)			Time of Death (hh:mm)	
Location of Death (e.g. home, hospital, hospice, etc.)				
<b>I. Fatalities Inquiry Component - see Section I of Autopsy Consent- Information</b>				
<input type="checkbox"/> This death does not fall under the Fatalities Inquiry Act <input type="checkbox"/> This death falls under the Fatalities Inquiry Act. The Medical Examiner/Investigator has been notified and has declined the autopsy. Name of Medical Examiner/Investigator contacted <i>(print last name, first name)</i> _____				
<b>II. Consent for Autopsy - see Section II of Autopsy Consent- Information</b>				
I am the <i>(relationship)</i> _____ of <i>(name of the deceased)</i> _____ and, to the best of my knowledge, I am the highest legal next of kin ranked in the order of authority				
<input type="checkbox"/> The reasons for performing an autopsy and the procedure involved have been explained to me and I have read and understood section II of the Autopsy Consent Information sheet.				
<b>III. Extent of Autopsy</b>				
I authorize the designated authorities to perform on the body of said patient: (please check appropriate box for type of autopsy to be performed)				
<input type="checkbox"/> Complete Autopsy Examination <input type="checkbox"/> Partial Autopsy Examination <i>(please specify)</i> _____				
I authorize and direct the removal, use and disposal of organs or tissue as it may be necessary or aid in the pathological diagnosis. These organs may <b>not</b> be returned to the body upon completion of the autopsy. It is understood that reasonable care will be taken to avoid disfigurement of the body.				
List any restrictions to organ or tissue removal/disposal:				
<b>IV. Consent for Retention of Organs/Tissues for Education and Research - see Section IV of Autopsy Consent- Information sheet</b>				
I consent to bodily tissue and organs removed at autopsy being kept for the following purpose(s) and to the best of my knowledge the deceased would not object to this.				
<input type="checkbox"/> Future medical education and research <input type="checkbox"/> Only medical education <input type="checkbox"/> Only research Special Instructions and/or Limitations <i>(please specify)</i> :				
<input type="checkbox"/> I do not consent to bodily tissue and organs removed at autopsy being kept for future medical education and/or research.				

Last Name (Legal)		First Name (Legal)	
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PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

## Autopsy Consent and Consultation Request

### V. Signatures (Note: Physician Obtaining Consent May Not Witness Signatures)

Authorized Representative (Print Last Name, First Name)	Signature (not required if consent via telephone conversation)	Date (yyyy-Mon-dd)
Witness: of above signature or consent via telephone (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
<b>Second witness required when telephone consent is obtained</b>		
Second witness to telephone consent (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)

### VI. Consultation Request To be completed by the physician requesting the autopsy - please print

Clinical Summary (include anatomical and radiological findings relevant to the autopsy, as well as pertinent laboratory data)

  
  
  
  
  
  
  
  
  
  

State Problems to be elucidated at autopsy

  
  
  
  
  
  
  
  
  
  

Doctor requesting to attend autopsy Print Name (Last Name, First Name)	Phone/Pager Number

**Note:** Failure to provide adequate information may delay or cancel a request for autopsy on patient.

### VII. Infectious Diseases Please check the appropriate boxes

Suspected infectious disease  No  Yes ► please complete the following

HIV Test  Positive  Negative  Pending  Not ordered (but patient in high risk group)  Unknown

Hepatitis B or C Test  Positive  Negative  Pending  Unknown

TB  Positive  Negative

Other communicable or infectious diseases (please list) \_\_\_\_\_

Suspected prion disease (e.g. CJD)

**Note:** Affirmative answers to some of the above questions may alter performance of autopsy.

### VIII. Signatures - see Section VIII of Autopsy Consent- Information sheet

Physician/Designate Name (Print Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
Phone/pager #		
<b>For Lab Use Only</b>		
Date of Autopsy (yyyy-Mon-dd)	Time of Autopsy (hh:mm)	AP Accession Number
Pathologist (Print Last Name, First Name)	Resident (Print Last Name, First Name) If applicable	

## Autopsy Consent and Consultation Request - Information

### I. Fatalities Inquiry Component

#### Contact Information for the Medical Examiner Office:

**Calgary Location:**

Phone: 403-297-8123

Fax: 403-297-3429

Email: ocme\_admin@gov.ab.ca

**Edmonton Location:**

Phone: 780-427-4987

Fax: 780-422-1265

Email: ocme\_admin@gov.ab.ca

#### Province of Alberta- Fatality Inquiries Act Part 2- Reporting and Investigation of Deaths

##### Deaths that require notification

**10(1)** Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to in subsection (2) or section 11, 12 or 13 shall immediately notify a medical examiner or an investigator.

**(2)** Deaths that occur under any of the following circumstances require notification under subsection (1):

- (a) deaths that occur unexplainedly;
- (b) deaths that occur unexpectedly when the deceased was in apparent good health;
- (c) deaths that occur as the result of violence, accident or suicide;
- (d) maternal deaths that occur during or following pregnancy and that might reasonably be related to pregnancy;
- (e) deaths that may have occurred as the result of improper or negligent treatment by any person;
- (f) deaths that occur
  - (i) during an operative procedure,
  - (ii) within 10 days after an operative procedure,
  - (iii) while under anesthesia, or
  - (iv) any time after anesthesia and that may reasonably be attributed to that anesthesia;
- (g) deaths that are the result of poisoning;
- (h) deaths that occur while the deceased person was not under the care of a physician;
- (i) deaths that occur while the deceased person was in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;
- (j) deaths that are due to
  - (i) any disease or ill-health contracted or incurred by the deceased,
  - (ii) any injury sustained by the deceased, or
  - (iii) any toxic substance introduced into the deceased,as a direct result of the deceased's employment or occupation or in the course of one or more of the deceased's former employments or occupations.

*RSA 1980 cF-6 s10;1984 c9 s1;1991 c21 s9;1999 c26 s9*

### II. Consent for Autopsy

#### Legal Next of Kin Ranked in Order of Authority:

1. Spouse or adult interdependent partner, if they are not estranged, or executor\* named in a will of the deceased;
2. Adult children of the deceased;
3. Parents or guardians of the deceased (minor or represented adult);
4. Adult brothers or sisters of the deceased;
5. Any other adult next of kin of the deceased.

## Autopsy Consent and Consultation Request - Information

### II. Consent for Autopsy continues

**Note:** If next of kin ranked higher in the order of authority are alive and mentally competent, they must sign the consent. If there is a dissension amongst family members, the autopsy may not be performed. Where the autopsy may not be performed due to dissension amongst family members, but where the next of kin ranked highest in the order of authority would like to proceed with organ and tissue retention, please use the Consent to Human Tissue and/or Organ Donation form.

\*An executor may consent to autopsy but may only consent to organ and tissue retention if they are also next of kin. If the executor is next of kin, they may consent to organ and tissue retention in accordance with the ranked order of authority.

**Please Note:**

- This autopsy is not required by law. It is carried out to understand the cause of death, to study the effects of treatment, and to gather medical knowledge.
- Retention of tissue(s), organ(s) and/or fluids removed during autopsy is required for complete diagnostic testing. These specimens may be used for quality assurance purposes and, will be disposed of in accordance with approved laboratory standards.
- I can state the limitations about the autopsy and the removal and retention of tissues and organs.
- I may withdraw or modify this consent before the autopsy has taken place.
- Information about the results of the autopsy should be obtained from the patient's doctor.

### IV. Consent for Retention of Organs/Tissues for Education and Research

**Please Note:**

- Every attempt will be made to utilize all donated organs and tissue. However, in the instances where the donation cannot be used, the organs and tissue will be disposed of in accordance with approved laboratory standards.
- The medical education and/or research referred to in this section are separate from the University of Alberta Anatomical Gift Program and the University of Calgary Body Donation Program.
- The University of Alberta Anatomical Gift Program and the University of Calgary Body Donation Program need the body completely intact (so it can be properly preserved). This means that once an autopsy has been performed, the body is not eligible for donation to these programs.

### VIII. Signatures

- All autopsies must be requested by a physician. The physician must be listed at the top of the form under "Requestor(s)" along with the correct location to send the autopsy report to.
- A designate may sign on behalf of the physician requesting the autopsy. Please ensure to print the designate's name in this section.