

For  
Autopsy Services  
use only

## Autopsy Request Cover Sheet

|  |                        |
|--|------------------------|
| <i>TO:</i><br><i>University of Florida Health</i><br><i>Autopsy Services</i><br><i>Fax: 352.846.6658</i> | <i>FROM:</i>           |
| <i>PAGES:</i>  | <i>CONTACT NUMBER:</i> |

**PLEASE COMPLETE THE FOLLOWING FORMS:**

- AUTOPSY CONSENT FORM
- CONFIDENTIAL FAMILY MEDICAL HISTORY FORM
- FINANCIAL WORKSHEET
- BODY RELEASE FORM
- MEDICAL RECORDS RELEASE REQUEST

If necessary, please download and complete these additional forms from:

<http://autopsy.pathology.ufl.edu/autopsy-forms/>

- PERINATAL AUTOPSY AND POSTMORTEM SUMMARY
- BODY AND PERSONAL EFFECTS RECORD

**Only a legally defined healthcare surrogate or legal next of kin can consent to an autopsy.**

A legal next of kin is defined as the decedent's surviving legal spouse. If the decedent was single, divorced or widowed, the next degree of kinship applies, in the following order:

1. Adult child
2. Parent
3. Adult sibling

*Refer to Florida Statute 497.005 (39) or call 855.UF.EXAMS for additional guidance.*

For  
Autopsy Services  
use only

## Consent for Autopsy

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

I certify that I (print name) \_\_\_\_\_ am the (relationship) \_\_\_\_\_ of the Decedent, \_\_\_\_\_ and have the right to control the disposition of the remains of said Decedent. I hereby authorize and contract the University of Florida Board of Trustees (“University”), for the benefit of the University of Florida Department of Pathology, Immunology and Laboratory Medicine, College of Medicine, to perform a complete autopsy of such Deceased and the removal of such structures, organs and/or tissues, as deemed necessary, along with the collection of body fluids, for special analysis, unless otherwise indicated below. University, through its physician(s), will prepare all required documentation that comprises a complete autopsy report in accordance with licensing board requirements; University’s policies, procedures, bylaws, rules and regulations; and all other applicable state and federal laws. All autopsy reports or other records prepared by University physician(s) in connection with the autopsy will be the University’s property. Copies of autopsy reports can be requested, in writing, from the above address.

I also authorize any cemetery authority, licensed funeral director or licensed hospital, having custody of such remains, to permit or assist such autopsy and examination, including the transportation of the remains to/from the hospital or mortuary, as may be arranged by you for such autopsy examination. The undersigned acknowledges that once University delivers the body to an appropriate facility after the autopsy services, as applicable, University shall have no further responsibility in connection with the body.

I agree to provide or assist University in acquiring the following documentation prior to the autopsy: (i) a copy of the Deceased’s complete medical record for the current admission, if applicable, as well as all past medical records if available; (ii) the name and phone number of the appropriate contact person(s); (iii) the contact information for the Deceased’s physician(s); and (iv) other applicable documentation requested by University physician(s) necessary to provide the autopsy services.

Unless specifically limited, the autopsy will be a complete autopsy.

For  
Autopsy Services  
use only

**Limitation or Request (If none, write "None."):**

---

**Retention or Disposal of Organs/Tissues (check one):**

- I authorize retention and disposal of organs, tissues, prosthetic and implant devices, and fluids, as the physician deems proper and in accordance with CAP guidelines, for use in diagnosis, education, quality improvement and/or research.
- I authorize retention and disposal of organs, tissues, prosthetic and implant devices, and fluids, as the physician deems proper and in accordance with CAP guidelines, for use in diagnostic endeavors only.

**Permission for Autopsy (check one):**

- Permission was obtained in person from the authorized person.

---

Signature of Person Authorizing Autopsy Date

---

Printed Name of Person Authorizing Autopsy Date

Permission was obtained by telephone. The above statements were read to the legally authorized person granting permission by the Physician or designee obtaining this permission. The authorized person granting permission was provided the opportunity to ask questions regarding the scope and purpose of the autopsy. The undersigned witnesses listened to the phone conversation with the permission of the parties and affirm that the person granting permission gave consent to the autopsy as indicated above.

---

Printed Name of Person Authorizing Autopsy (If Permission Granted by Telephone) Date

---

UF Health Autopsy Services Witness #1 Signature for Telephone Permission Date

---

UF Health Autopsy Services Witness #2 Signature for Telephone Permission Date



For  
Autopsy Services  
use only

## Confidential Family Medical History

### Hospital Information

Name of Primary Facility:

Facility Phone #:

\_\_\_\_\_  
Facility Address:

\_\_\_\_\_  
City/State/Zip Code:

### Physician Information

Name of Primary Physician:

Physician Phone #:

\_\_\_\_\_  
(Last Name, First Name)

Physician Address:

\_\_\_\_\_  
City/State/Zip Code:

### Legal Next of Kin Information

Legal Next of Kin Name:

Legal Next of Kin Phone #:

\_\_\_\_\_  
Legal Next of Kin Address:

\_\_\_\_\_  
City/State/Zip Code:

For  
Autopsy Services  
use only

**Decedent Information**

**Date of Admission:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_ **Time of Death:** \_\_\_\_\_

**Decedent's Date of Birth:** \_\_\_\_\_ **Decedent's Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_  
(← Circle one. →) **Decedent's Weight:** \_\_\_\_\_ **Decedent's Height:** \_\_\_\_\_' \_\_\_\_\_"

**County in Which the Death Occurred:** \_\_\_\_\_ **State in Which the Death Occurred:** \_\_\_\_\_ **Disposition of Decedent's Body:**  
Burial: \_\_\_\_\_ Cremation: \_\_\_\_\_

**Decedent's Race:**  
Caucasian: \_\_\_\_\_ African-American: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_ Other (explain): \_\_\_\_\_

**Decedent's Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Autopsy Request/Clinical History**

**Reason for Autopsy:**  Family Medical History  Unknown  Cause/Mechanism of Death  
 Identify Tumor Etiology  Surgical Site Evaluation  
Additional Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recent Injuries?**  Unknown  No  Yes (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Allergies:** \_\_\_\_\_  
\_\_\_\_\_

For  
Autopsy Services  
use only

**Recent Surgeries?**

---

---

**Did the Decedent Pass Away  
in a Hospital?**

Yes     No

**Medical Appliances?**

- Pacemaker/Defibrillator
- Pain/Insulin Pump
- Stents

**Chronic Illnesses**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None              | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Tuberculosis    |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Cancer            | <input type="checkbox"/> HIV+             | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> COPD              | <input type="checkbox"/> Hypertension     | _____                                    |
| <input type="checkbox"/> CVA/TIA           | <input type="checkbox"/> Paralysis        | _____                                    |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Psychological    | _____                                    |
| <input type="checkbox"/> Dialysis/Renal    | <input type="checkbox"/> Seizures         | _____                                    |

**List Decedent's Known Medications:** \_\_\_\_\_

---

---

---

**Other Concerns:** \_\_\_\_\_

---

---

---



For  
Autopsy Services  
use only

## Financial Worksheet

### Legal Next of Kin

Name of Legal Next of Kin:

Legal Next of Kin Address:

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Address, City, State, Zip Code

### Funeral Home

Name of Funeral Home:

Funeral Home Address:

\_\_\_\_\_  
Leave Blank if Unknown

\_\_\_\_\_  
Address, City, State, Zip Code

### Autopsy Fees

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Complete Autopsy</b> (adult autopsy includes children 30 days of age or older)<br>Includes Histology and Neuropathology. Additional ancillary testing outside the scope of a standard autopsy requires prior consultation with morgue staff.<br>Fee: \$6,000* | <input type="checkbox"/> <b>Complete Autopsy</b> (Perinatal, Stillborn or Less Than One Month Old)<br>Includes Histology and Neuropathology. Additional ancillary testing outside the scope of a standard autopsy requires prior consultation with morgue staff.<br>Fee: \$6,000* |
| <input type="checkbox"/> <b>Neuropathology (Examination Only)</b><br>Fee: \$1000**  | <input type="checkbox"/> <b>Limited Examination of one organ system, i.e. Respiratory, Cardiovascular and Nervous System</b><br>Fee: \$3,000**  |
| <input type="checkbox"/> <b>Consultation</b><br>Fee: \$2,000  | <input type="checkbox"/> <b>Toxicology Testing</b><br>Fee: \$500  |

\* If transportation of the decedent will be arranged by UF Health Autopsy Services, additional fees will also apply. For more information on transportation fees, call 855.833.9267 and speak with a UF Health Autopsy Service representative.

\*\* Transportation fees may also apply. Call 855.833.9267 and speak with a UF Health Autopsy Service representative for more information.

University of Florida Health Autopsy Services | P.O. Box 100275 | Gainesville, FL 32610  
Toll-Free: 855.UF.EXAMS (833.9267) | Fax: 352.846.6658 | autopsy@pathology.ufl.edu

(Revised: 1-22-2024)



For  
Autopsy Services  
use only

## Transportation Fees

- I will be responsible for coordinating transportation of the decedent with a funeral home to UF Health Autopsy Services and back to the designated funeral home as selected above.
- I authorize UF Health Autopsy Services to provide transportation of the decedent to its facilities and back to the funeral home selected above. I understand that additional transportation fees will apply\*. \_\_\_\_\_  
*payer initials*

*\* For more information on transportation fees, call 855.833.9267 and speak with a UF Health Autopsy Services representative.*





For  
Autopsy Services  
use only

## Medical Records Release Request

Dear Sir or Madam,

I, \_\_\_\_\_, give Danielle Petty, DO, or UF Health Autopsy Services, permission and/or authority to review and/or request copies of the medical record for the Decedent, \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature of Legal Next of Kin/Legal Representative

Please fax the Decedent’s medical records to 352.846.6658 or mail them to:

**UF Health Autopsy Services  
Attn: Danielle Petty DO  
P.O. Box 100275 Gainesville,  
FL 32610**

If you have any questions on completing this request, call the UF Health Autopsy Services Client Services Department at 855.UF.EXAMS (833.9267).

**Decedent’s Full Name:** \_\_\_\_\_  
**Decedent’s Date of Birth:** \_\_\_\_\_

For  
Autopsy Services  
use only

## **Supplemental Information Form**

**OPTIONAL | Provide any additional information you think is relevant to the case below.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**OPTIONAL | How did you learn about University of Florida Health Autopsy Services?**

- Internet search    Word of mouth    Funeral home representative    Medical examiner
- Hospital representative    Physician    Other healthcare provider | Type?: \_\_\_\_\_
- Law enforcement representative    Advertisement | Where did you see the ad?: \_\_\_\_\_

**University of Florida Health Autopsy Services | P.O. Box 100275 | Gainesville, FL 32610  
Toll-Free: 855.UF.EXAMS (833.9267) | Fax: 352.846.6658 | [autopsy@pathology.ufl.edu](mailto:autopsy@pathology.ufl.edu)**

(Revised: 1-22-2024)