



Affix Patient Label

**Informed Consent: Post Mortem Examination (Autopsy)  
Fetal or Neonatal Death / Pediatric or Adult Death**

Complete autopsies are rarely performed on fetuses with gestational age less than 20 weeks. However, external examination of the remains may be performed by a pathologist.

Complete autopsy requires a signed consent (by Michigan law, Act 368 of 1998, 700.3206)

**For Fetal or Neonatal Death (within 28 days of birth):**

The birth mother or her husband (presumed father) may sign this consent. While both signatures are not necessary, if there is disagreement, the least invasive external exam should be done. Legal right to give permission for the infant autopsy is not granted to a man that has not been legally determined to be the father (paternity or husband).

I, \_\_\_\_\_, am the \_\_\_\_\_  
**(relationship)**

**to fetal remains / stillborn / neonatal death who was delivered on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.**

**For Pediatric or Adult Death:**

The consent may be signed by the following person, in order, per Michigan law:

- The spouse. If there is no surviving spouse, then:
- An adult child of the deceased\*\*. If no surviving adult child, then:
- A parent of the deceased\*\*. If no surviving parent, then:
- A brother or sister of the deceased\*\*. If no surviving brother or sister, then:
- Any other next of kin.
- Any adult with written authorization by deceased\*.

\* Power of Attorney (POA) rights end with the patient’s death unless otherwise stated in POA paperwork.

\*\* If two or more people share rights and powers everyone must agree to the autopsy. An example would be more than one adult child.

I, \_\_\_\_\_, am the \_\_\_\_\_  
**(relationship)**

**to the deceased and I am at least 18 years old.**

I hereby give permission to Bronson Pathology or Bronson Pathology Designee for external examination or autopsy on the body and its tissues as specified below (check appropriate boxes):

- Gross examination** – External examination of the body. Internal examination of organs, includes brain unless otherwise stated
- Microscopic examination** – Both external and internal examination, plus microscopic review of tissue.
- External examination only** – External examination only. Internal organs are not examined and microscopy not performed.

Limitations may be applied, for example: “Do not perform internal examination of the head”. List specific limitations, or write “none”:

\_\_\_\_\_



Affix Patient Label	
Patient Name:	Date of Birth:

Any tissue/organ that is removed may be preserved for study or research purposes. I agree these tissues or organs can be discarded in the proper way. The nature of this examination has been explained to me. The possible questions that may be answered by the post mortem examination have been explained to me. I have been given a chance to ask questions. These questions have been answered to my satisfaction:

**My name (printed):** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Interpreter's Statement: I have interpreted the text on this form to the patient, a parent, closest relative or legal guardian.

**Interpreter's Signature:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_