INSTRUCTIONS REGARDING EXHUMATION AUTOPSIES

Please fill out the enclosed forms as completely as possible.

(1) Texas Department of State Health Services - Postmortem Examination or Autopsy Consent Form.
   (A) Must be signed by the legal next-of-kin. **This needs to be returned BEFORE the pathologist will perform the autopsy.** It may be faxed but original must be mailed or brought to pathologist.
   (B) Please make sure any restrictions or special limitations are indicated otherwise leave blank.
   (C) Must be signed by a witness age 18 years or older.

(2) Questionnaire Form.
   Please include as much information as possible. Use back of sheet if necessary. This background information is important for the pathologist to provide a more complete report.

(3) Release Form and Autopsy Agreement.
   This form addresses reports and other details regarding the autopsy.
   (A) Must be signed by the legal next-of-kin. **This needs to be returned BEFORE the pathologist will perform the autopsy.** It may be faxed but original must be mailed or brought to pathologist.
   (B) Must be signed by a witness age 18 years or older.

(4) Credit Card Form - for payment with Visa, MasterCard, Discover or American Express.

**A CREDIT CARD, CASHIER’S CHECK OR MONEY ORDER IS PREFERRED FOR PAYMENT.**

PAYMENT MUST BE MADE PAYABLE TO: AUTOPSY AND PATHOLOGY SERVICES, P.A. FOR THE AMOUNT OF $2,500.00 PLUS TRANSPORT FEE (IF ANY) AND TOXICOLOGY (IF APPLICABLE). PAYMENT SHOULD COME WITH THE BODY. BILLING BY INVOICE REQUIRES ADVANCED APPROVAL.

The decedent must be de-casketed before transported. All forms should be brought with the decedent. If they are faxed, please mail the originals to Autopsy and Pathology Services, P.A. as soon as possible. Transportation of the body is usually arranged by the funeral home handling the funeral services. This office can also arrange to have the body transported to our facility at a reasonable fee. **Please note that toxicology analysis cannot be done on a body that has already been embalmed.** If you have any additional questions, please do not hesitate to contact our office.

Thank you,

Jessie Adame, M.D. and Albert I. Chen, M.D.
POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

NAME OF DECEDENT: ________________________________

DATE OF DEATH: ________________________________

NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE:

JESSIE ADAME, MD OR ALBERT I. CHEN, MD (PATHOLOGISTS)

TEXAS LICENSE NUMBER:

J. ADAME, MD LIC# H9743
A.I.CHEN, MD LIC#L8304

NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED:

AUTOPSY AND PATHOLOGY SERVICES, PA
DEPARTMENT: MORGUE

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure. IF NO RESTRICTION OR SPECIAL LIMITATION IS INDICATED, THEN PERMISSION IS GRANTED FOR A COMPLETE AUTOPSY AND A COMPLETE AUTOPSY WILL BE PERFORMED:

☐ Permission is granted for an autopsy with the following limitations and conditions (specify):

  ____ Exam is restricted to brain and spinal cord

  ____ Exam is restricted to the chest and abdomen only

  ____ Exam is restricted to the chest cavity

  ____ Exam is restricted to the abdominal cavity

  ____ Other: (Specify) ____________________________________________________________

I authorize the release of the remains to the funeral services provider or person listed below after examination.

Name of Funeral Service Provider or Person: ________________________________

Telephone Number: ________________________________

Authorizing Person’s Signature: ________________________________

Date: ________________________________

Authorizing Person’s Printed Name: ________________________________

Relationship to Decedent: ________________________________

Witness’s Signature: ________________________________

Date: ________________________________

Witness’s Printed Name: ________________________________

Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to $10,000. (Health and Safety Code §195.003)
This form MUST be completed by the person authorized to give consent to a postmortem examination or autopsy before such procedure can be conducted [CCP Art. 49.32].

This form IS NOT required if an autopsy is ordered by a Justice of the Peace or Medical Examiners as part of an death inquest or ordered by the Texas Department of Criminal Justices under Texas Government Code §501.055 [CCP Art. 49.31].

**Persons Authorized To Consent to Postmortem Examination or Autopsy**

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
- the person acting as guardian of the decedent at the time of death or the executor or administrator of the decedent’s estate;
- the adult children of the decedent;
- the parents of the decedent; and
- the adult siblings of the decedent.

If there is more than one person of the same relationship entitled to give consent to a postmortem examination or autopsy, consent may be given by a member of the same relationship unless another person of the same relationship files an objection with the physician, medical examiner, justice of the peace, or county judge. If an objection is filed, the consent may be given only by a majority of the persons of the same relationship of the class who are reasonably available. An example of this would be multiple surviving adult children.

A person may not give consent if, at the time of the decedent’s death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

**Anatomical Gift by Decedent Prior To Death**

An anatomical gift of a donor’s body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education by

- the donor;
  - if the donor is an adult; or
  - if the donor is a minor and is:
    - emancipated; or
    - authorized under state law to apply for a driver’s license because the donor is at least 16 years of age and:
      - circumstances allow the donation to be actualized prior to 18 years of age; and
      - an organ procurement organization obtains signed written consent from the minor’s parent, guardian, or custodian;
  - an agent of the donor, unless the medical power of attorney or other record prohibits the agent from making an anatomical gift; a parent of the donor, if the donor is an unemancipated minor; or
  - the donor’s guardian.

**Anatomical Gift of Decedent’s Remains by Someone Other Than the Decedent**

Unless the decedent has refused to make an anatomical gift in writing prior to death, an anatomical gift of a decedent’s body or part for the purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:

- an agent of the decedent at the time of death who could have made an anatomical gift under Section 692A.004(2) immediately before the decedent’s death;
- the spouse of the decedent;
- adult children of the decedent;
- parents of the decedent;
- adult siblings of the decedent;
- adult grandchildren of the decedent;
- grandparents of the decedent;
- an adult who exhibited special care and concern for the decedent;
- the persons who were acting as the guardians of the person of the decedent at the time of death;
- the hospital administrator; and
- any other person having the authority to dispose of the decedent’s body.

If there is more than one member of a class listed above entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to may be receiving the anatomical gift and knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

A person may not make an anatomical gift if, at the time of the decedent’s death, a person in a class higher than them is reasonably available to make or to object to the making of an anatomical gift.

**Death Inquest by Medical Examiners**

Some deaths may require a medical examiner to conduct an investigation or inquest and cause of death certification which may include an autopsy [CCP Art. 49.25 §6]. These include:

- A body was found and the cause and circumstances of the death are unknown.
- The death is believed to be an unnatural death from a cause other than a legal execution (accident, suicide, or homicide).
- The death occurred in prison or in jail.
- The death occurred within 24 hours of admission to a Hospital.
- The death occurred without medical attendance.
- The physician is unable to certify the cause of death.
- The deceased is under six (6) years of age.

**Nonaffiliated Physicians**

Before signing this form, a representative of the hospital or other institution where the death occurred is required to inform a person authorized to consent to a postmortem examination or autopsy that they may request that a physician who is not affiliated with the hospital or other institution where the death occurred to perform the postmortem examination or autopsy at another hospital or institution.

A person authorized to consent to a postmortem examination or autopsy may also have a physician that is not affiliated with the hospital or institution where the death occurred review the postmortem examination or autopsy conducted by a physician affiliated with the hospital or other institution where the deceased person died.

A person requesting a nonaffiliated physician to perform or review a postmortem examination or autopsy is responsible for any additional costs incurred as a result of the nonaffiliated physician's performance or review of the examination or autopsy.
QUESTIONNAIRE FORM

Name of deceased:_________________________________________________________________________________

Address of deceased:______________________________________________________________________________ Zip______________________

Date of birth:_____________________________Age:__________Race:________________________Sex:___________

Date of death:____________________________________Exact time of death:_________________________ a.m.  p.m.

Place of death (include address):______________________________________________________________

______________________________________________________________________________________________

Name/Address/ phone number where report(s) should be sent:________________________________________ 

___________________________________________________________________________________________________________________________________________

Phone #:___________________________________________________________

Name of hospital/facility where deceased received treatment (if applicable):___________________________

_________________________________________________________________________________________________

When was the deceased buried?________________________________________

Where was the deceased buried?_______________________________________

Was the deceased in a vault or other type of burial container and what kind?_____________________________________

What type of casket was used for the deceased?___________________________

Was the deceased placed above ground or underground?_______________________

Has an autopsy previously been performed on the deceased? (if so, by what doctor, include address and phone number):

_________________________________________________________________________________________________

Why is an autopsy being requested? (Provide as much detail as necessary; you may use back of sheet):

Medical conditions which the deceased had (i.e. diabetes, high blood pressure, coronary artery disease, cancer including site of cancer if known, you may use back of sheet if necessary):

List of Medications deceased was taking:

What funeral home was used for the burial? (include contact person, address, phone and fax number):

_________________________________________________________________________________________________

_________________________________________________________________________________________________
RELEASE FORM AND AUTOPSY AGREEMENT

Name of deceased: ____________________________________________________________

I (We) ________________________________________________________________
(name of nearest kin)

Address                                          City                        State             Zip Code

________________________________________________________________________

telephone number ____________________________, bearing the relationship of __________________________
to the decedent named above, do hereby represent that I am (we are) entitled by law to control the disposition of the
remains and authorize Autopsy and Pathology Services, P.A. and its doctors/representatives to release the body of the
above named decedent, after completion of the autopsy, to the funeral home listed on the Postmortem Examination or
Autopsy Consent Form.

I (We) authorize Jessie Adame, M.D. and Albert I. Chen, M.D. and any of their associates or consultants to perform an
autopsy on the exhumed remains of the above decedent and authorize the removal, retention, examination and
subsequent disposal of such organs, tissues and parts for diagnostic, scientific, academic or therapeutic purposes as the
pathologist or his associates or consultants deem necessary and proper. This authority allows for a complete autopsy
examination without restrictions to be performed unless a restriction or special limitation was specified on the Postmortem
Examination or Autopsy Consent Form. (NOTE: A COMPLETE AUTOPSY WITH NO RESTRICTIONS WILL BE
PERFORMED IF NO RESTRICTION OR SPECIAL LIMITATION IS SPECIFIED.)

I (We) also authorize the remains to be transported to the facility selected by Jessie Adame, MD and Albert I. Chen, M.D.
and any of their associates or consultants in order to perform the autopsy.

I (We) understand that a prepayment of TWO THOUSAND FIVE HUNDRED DOLLARS ($2,500.00) plus any additional
transport fees or toxicoLOGY fees is required before the autopsy is performed. Payment may be cash, credit card, money
order, personal or cashier’s check payable to Autopsy and Pathology Services, P.A.. This $2,500.00 fee includes a
detailed macroscopic and microscopic examination with typed report but does not include fees for services that are
beyond the capabilities of this office (such as immunohistochemical stains, photography duplication, chemical laboratory
studies, toxicoLOGY, electron microscopy, DNA studies, consultations with other specialists, etc.) Any extra costs for such
services will only be done with prior approval of the legal next of kin. Further, this autopsy fee does not include any time
which may be now or later requested of the pathologist(s) as a professional witness.

Signature & Printed Name: ____________________________________________ Date:___________________

Witness Signature & Printed Name: ____________________________________________ Date:___________________

Order of Next of Kin

1. Spouse
2. Any child of legal age
3. Guardian or court having care of minor child
4. A parent
5. A guardian
7. Any person who assumes custody of and responsibility for the burial of the body.

(Ref: Texas Code of Criminal Procedure Art. 49.13)
CREDIT CARD FORM
(Please print as neatly as possible)

AMOUNT CHARGED $_____________________________________________________________

Card Type (circle one):       Visa               MasterCard       Discover       American Express

Account Number______________________________________________________________

Expiration Date______________________________________________________________

The back of your credit card may have a three digit security number located on or near the signature
line.  Please enter that three digit number here:__________________________.

Card holder name (please print)_________________________________________________

Address where card holder receives their monthly credit card statements:

Address:____________________________________________________________________

City and State:________________________________________________________________

Zip code:_____________________________

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER.

Signature of Card Holder_____________________________________________________

Date signed: _______________________________________

PLEASE WRITE NEATLY AND COMPLETE ALL LINES-DO NOT LEAVE ANY BLANKS!

REV 2014