DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE MEDICAL UNIVERSITY OF SOUTH CAROLINA CHARLESTON, SOUTH CAROLINA

Patient Name:
Date of Birth:
Social Security #:
Date of Death:
Time of Death:
Time of Demant

AUTHORIZATION FOR AUTOPSY

Medical and Forensic Autopsy Section Office: (843) 792-3500 Fax: (843) 792-3537

> 165 Ashley Avenue Suite 309, PO Box 250908 Charleston, SC 29425

		Charleston, SC	29425				
	uthorize the physics sy including the				ity of South Carolina in Cha	arleston, SC to perform a	
			Patier	nt's Name			
	(s) deem proper.				herapeutic purposes of such topsy EXCEPT FOR THE I		
Restrictions:	☐ Abdomen only ☐ Chest only ☐ Chest and abdomen only ☐ Brain only						
	Biopsy(s) of the following organs:						
	Other instr	Other instructions:					
A copy of the	autopsy report w	ill be sent to th	e next of kin.				
Signature of Person Giving Authorization					Relationship to Patient		
Address of Per	rson Giving Autho	rization					
Witness (Signature and Printed Name)					Date of Signature		
	ONAL (Please cheferring hospital of			rther author	rize release of a copy of the	autopsy report to be sent to	
Coroner's Juris	sdiction:	☐ Yes	☐ No		Name of Funeral Home	·	
Coroner's Offi	ce Notified:	Yes	☐ No		Funeral Home Phone N	umber	
					Address of Funeral Hor	ne (if known)	

The State of South Carolina recognizes the following order of legal authority when requesting authorization for autopsy from next of kin of decedent:

- a. Spouse
- b. Children (age 18 or over)
- c. Grandchildren (age 18 or over)
- d. Great grandchildren (age 18 or over)
- e. Father and/or Mother
- f. Brothers and sisters (age 18 or over)
- g. Nieces and nephews
- h. Grand nieces and nephews

- i. Maternal and paternal grandparents
- j. Uncles and Aunts and their descendants
- k. Great-grandfathers and great-grandmothers
- 1. Brothers and sisters of great-grandfathers and great-grandmothers
- m. Legal Guardian or the person who assumes responsibility to dispose of the body (person giving authorization)