### SECTION 1: GALVESTON COUNTY MEDICAL EXAMINER (GCME) REPORTING  

To be completed by physician

The following circumstances may require the Galveston County Medical Examiner to conduct an investigation, inquest or autopsy to complete a cause of death certification [see Texas Code of Criminal Procedure Article 49.25 §6]. **You must notify the GCME (409) 772- 4004 if any of the following apply:**

- The patient died within 24 hours of hospital admission.
- The patient was younger than 6 years of age at the time of death (excluding stillborn infants).
- The circumstances of the patient’s death are uncertain or unknown.
- The patient’s death may have been by unlawful means.
- The patient may have committed suicide.
- The patient died from unnatural causes, no matter how remote in time. **Verify from prior hospitalizations whether death resulted from an earlier trauma, accident, attempted suicide, near-drowning, poisoning, or burns.**
- The patient died during a medical procedure.
- The physician is unable to certify with certainty the cause of death.

*If one of the above applies and the Medical Examiner exercises jurisdiction over the death, please complete this form in its entirety EXCEPT Section 3B*

- None of the above applies (proceed to Section 2).

### SECTION 2: TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ) INMATE DEATH  

To be completed by physician

Was the decedent a TDCJ inmate?

- Yes *** If yes, notify the TDCJ Chaplain’s office (409) 772-2691 or TDCJ Communications (409) 772-6108 and skip to Section 5A.
- No

### SECTION 3A: PERSON AUTHORIZED TO CONSENT TO POSTMORTEM EXAMINATION (AUTOPSY)  

To be completed by physician

Consent for a postmortem examination (autopsy) may be given by any of the following persons that are **reasonably available**, in the order of priority listed (**NOTE**: a Medical Power of Attorney generally ceases to be effective upon death):

- Spouse of the decedent.
- Person acting as guardian of the person (the decedent) at the time of death, or the executor or administrator of the decedent’s estate.
- Adult children of the decedent.
- Parents of the decedent.
- Adult siblings of the decedent.

If there is more than one person of the same relation entitled to give consent, consent may be given by a member of the same relation unless another person with the same priority files an objection with the physician, medical examiner, justice of the peace, or county judge. If an objection has been filed, consent may only be given by a majority of persons with the same priority their reasonably available (e.g., multiple surviving adult children). **If there are any questions regarding who may give consent, please contact Legal Affairs at (409) 747-8738.**

If the decedent’s legal next of kin cannot be contacted or are not present to sign the consent form, send the body to the hospital morgue and Autopsy Service will contact the decedent’s legal next of kin for consent.

Comments

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**AUTHORIZATION FOR POSTMORTEM PROCEDURES, PAGE 1 OF 5**

Medical Record Form 5012-Rev. 01/28/2013

The University of Texas Medical Branch at Galveston (UTMB)

If the patient’s ID card or label is unavailable, please write the date, time, patient name, and UH# in the space below:
A postmortem examination (autopsy) consists of a complete external and internal examination performed to determine the cause of death, effects of treatment or other co-existing diseases, and to provide information to physicians that may improve the care and treatment of living patients. The physician performing the autopsy may be required to remove and retain organs, fluids, prosthetic devices, or tissue for a more comprehensive evaluation or accurate determination of a cause of death. An autopsy will not interfere with funeral preparations, embalming, or open-casket funeral viewing. There is no charge to the decedent’s family or health insurance for the performance of an autopsy of a patient who dies while admitted at The University of Texas Medical Branch at Galveston (UTMB).

In making your selection below, please note that you have the right to request that a physician, not affiliated with UTMB review the findings of the postmortem examination (autopsy) performed at UTMB, or perform the procedure at another hospital or institution. However, any costs associated with doing so will be your responsibility. ***

By making a selection and signing below, I hereby:

□ Authorize UTMB and its Department of Pathology, physicians and representatives to perform a postmortem examination (autopsy) as described above upon the body of the decedent.

□ Do NOT authorize UTMB or its Department of Pathology, physicians, and representatives to perform a postmortem examination (autopsy) as described above upon the body of the decedent.

Further, I would like to exercise my right to request that a physician who is not affiliated with UTMB:

□ Perform the postmortem examination (autopsy) at another hospital or institution.

□ Review the postmortem examination (autopsy) performed at UTMB.

*** I understand that I am responsible for any additional costs associated with a postmortem examination (autopsy) or review by a non-UTMB affiliated physician.

Please state any restrictions or special limitations (e.g., religious prohibitions) you would like to make on the post-mortem examination (autopsy). (Please write N/A if none).

Special Restrictions:

Authorizing Person ____________________________ (Signature) _____________ (Date, time)

_________________________________ (Printed name)

_________________________________ (Address)

_________________________________ (Phone)

Witness ____________________________ (Signature) _____________ (Date, time)

_________________________________ (Printed name)

SECTION 3C: DISPOSITION OF THE BODY

By making a selection and signing below, I hereby accept responsibility for the disposition of the decedent’s body and authorize UTMB to:

□ Release the body to ____________________________ (Name, Address, and Phone Number of funeral home or other institution)

□ Dispose of the body in accordance with customary medical practice. (Families may choose this option for stillborns and neonates less than 28 days old only. Please note, the remains will not be returned to the family after cremation.)

Authorizing Person ____________________________ (Signature)

_________________________________ (Printed name)

Witness ____________________________ (Signature)

_________________________________ (Printed name)
SECTION 4: DISPOSITION OF ORGANS, FLUIDS, PROSTHETIC DEVICES AND TISSUE
AFTER POSTMORTEM EXAMINATION (AUTOPSY)

Once removed, some organs, fluids, prosthetic devices or tissue may be retained for teaching purposes of health care professionals. This is one way family members can make an anatomical gift to benefit science and medicine. Retained organs and tissue may also be used for research that could potentially benefit future patients. Anatomical gifts for research will only be used in studies that preserve patient confidentiality and have been approved by a UTMB committee protecting the rights of deceased human research subjects.

Unless the decedent refused to make an anatomical gift in writing prior to death, an anatomical gift of a decedent’s body or part(s) for the purpose of research, or education may be made by any member of the following classes of persons that are 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 immediately before the decedent’s death, such as a medical power of attorney, unless the agent’s Medical Power of Attorney or other record prohibits the agent from making an anatomical gift.
- 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.
- Any other person having the authority to dispose of the decedent’s body.

If there is more than one person in a class listed above that is entitled to make an anatomical gift, consent may be given by a member of the class unless that member might receive the anatomical gift and knows of an objection by another member of the same 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. If there are any questions regarding who may make an anatomical gift, please contact Legal Affairs at (409) 747-8738.

By making a selection and signing below, I hereby:

☐ Authorize UTMB and its Department of Pathology, physicians, and representatives to retain the organs or tissue for the purposes of teaching or research listed above, subject to the following special restrictions (please write N/A if none).

Special Restrictions:

☐ Do NOT authorize UTMB or its Department of Pathology, physicians, and representatives to retain the organs or tissue for purposes of teaching or research, listed above.

Authorizing Person

(Signature)

(Printed name)

Witness

(Signature)

(Printed name)
**SECTION 5A: CHECKLIST**

<table>
<thead>
<tr>
<th></th>
<th>To be completed by physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of certifying physician: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Person completing this form (if different): ________________________________ (Date, time)</td>
</tr>
<tr>
<td>2.</td>
<td>Death note written in EPIC?</td>
</tr>
<tr>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td>Physician completing the death note (if different): ________________________________ (Date, time)</td>
</tr>
<tr>
<td>3.</td>
<td>Death reported to Galveston County Medical Examiner (409) 772-4004?</td>
</tr>
<tr>
<td></td>
<td>Yes* Not Required</td>
</tr>
<tr>
<td></td>
<td>* If yes: Investigator: ________________________________ (Name)</td>
</tr>
<tr>
<td></td>
<td>Reporting Person: ________________________________ (Signature) (Date, time)</td>
</tr>
<tr>
<td></td>
<td>________________________________ (Name)</td>
</tr>
<tr>
<td>4.</td>
<td>Medicolegal autopsy ordered by Medical Examiner?</td>
</tr>
<tr>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>5.</td>
<td>Legal next-of-kin (and/or TDCJ) successfully notified?</td>
</tr>
<tr>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>6.</td>
<td>Autopsy consent Section 4 above completed signed and witnessed? **</td>
</tr>
<tr>
<td></td>
<td>Yes No N/A</td>
</tr>
<tr>
<td></td>
<td>** This question applies to non-Medical Examiner cases only. (mark N/A for TDCJ inmate-decedents.)</td>
</tr>
<tr>
<td>7.</td>
<td>If necessary, physician to be notified before autopsy: ________________________________ (Name)</td>
</tr>
<tr>
<td></td>
<td>________________________________ (Pager number)</td>
</tr>
<tr>
<td>8.</td>
<td>For completion of an online death certification, please refer to the Decedent Affairs website at <a href="http://www.utmb.edu/decedent/">http://www.utmb.edu/decedent/</a></td>
</tr>
</tbody>
</table>

**SECTION 5B: CHECKLIST**

<table>
<thead>
<tr>
<th></th>
<th>To be completed by nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Person completing this form: ________________________________</td>
</tr>
<tr>
<td>2.</td>
<td>Southwest Transplant Alliance (800-201-0527) notified? Yes</td>
</tr>
<tr>
<td></td>
<td>Confirmation Number: ________________________________ Date and Time: ________________________________</td>
</tr>
<tr>
<td>3.</td>
<td>Verified that patient ID band is on the decedent’s body? Yes</td>
</tr>
<tr>
<td>4.</td>
<td>Personal belongings released to: ________________________________ (funeral home, family, GCME, hospital morgue, or N/A)</td>
</tr>
<tr>
<td>5.</td>
<td>Funeral home disposition Section 5 above completed with decedent’s legal next-of-kin? Yes No N/A</td>
</tr>
<tr>
<td>6.</td>
<td>Body to be released to:</td>
</tr>
<tr>
<td></td>
<td>☐ Funeral home (Deliver Form 5012 and all medical records to Autopsy Service.)</td>
</tr>
<tr>
<td></td>
<td>☐ Hospital morgue (Notify Transportation, and deliver Form 5012 and all medical records to Autopsy Service.)</td>
</tr>
<tr>
<td></td>
<td>☐ GCME (Deliver Form 5012 and all medical records to Autopsy Service.)</td>
</tr>
<tr>
<td>7.</td>
<td>Page the Clinical Operations Administrator (COA) to review completed Form 5012 prior to release of the body.</td>
</tr>
<tr>
<td></td>
<td>COA/ED Charge RN ________________________________ (Signature of COA)</td>
</tr>
<tr>
<td></td>
<td>________________________________ (Date, time) ________________________________ (Printed name)</td>
</tr>
</tbody>
</table>

**AUTHORIZATION FOR POSTMORTEM PROCEDURES, PAGE 4 OF 5**

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The University of Texas Medical Branch at Galveston (UTMB)
## SECTION 6: RELEASE OF DECEDENT’S BODY

**Hospital Personnel:**

**Funeral home or GCME** (circle one) notified for release of decedent’s body at ____________ ____________ (Date, time)

ID or toe tag checked? ____________ (Initial)

________________________________________ (Signature of hospital representative)

________________________________________ (Printed name)

________________________________________ (Title)

**Funeral home or GCME:**

ID or toe tag checked? ____________ (Initial)

Received personal belongings? ____________ (Initial)

________________________________________ (Signature of funeral home or GCME representative)

________________________________________ (Printed name)

## SECTION 7: MORGUE ENTRY

Body transported to UTMB Autopsy Service and entered in the Mortuary Book? ____________ (Initial)

## SECTION 8: NAME OF PHYSICIAN PERFORMING POSTMORTEM EXAMINATION (AUTOPSY)

Physician performing postmortem examination (autopsy)

________________________________________ (Name)

________________________________________ (Title)

________________________________________ (Contact information)

________________________________________ (Date, time)

NOTES:

If the patient’s ID card or label is unavailable, please write the date, time, patient name, and UH# in the space below: