

## ISDP CONSULTING LLC

### CONSENT AND AUTHORIZATION FOR POSTMORTEM EXAMINATION

I. Parties

I, (printed name) \_\_\_\_\_,  
the (relationship to the deceased) \_\_\_\_\_  
of the deceased (name of deceased), \_\_\_\_\_,  
being entitled by law to control the disposition of remains, hereby request, ISDP Consulting LLC or its designees to perform a postmortem examination on the body of said deceased. I understand that any diagnostic information gained from the postmortem examination will become part of the deceased's medical record and will be subject to applicable laws.

II. Retention of Organs/Tissues

I authorize the removal, examination, and retention of organs, tissues, prosthetic and implantable devices, and fluids as ISDP Consulting LLC or its designees deem proper. I agree to the eventual disposition of these materials as required by law. This consent does not extend to the removal or use of any of these materials for transplantation or other similar purposes. I understand that organs and tissue not needed will be sent to the funeral home or disposed of in an appropriate manner. I understand that I may place limitations on both the extent of the postmortem examination and on the retention of organs, tissue, and prosthetic and/or implantable devices. I understand that any limitation may compromise the diagnostic value of the postmortem examination and may also limit the usefulness of the postmortem examination. I have been given the opportunity to ask any questions that I may have regarding the scope and/or purpose of this postmortem examination.

Initials \_\_\_\_\_

III. Limitations

\_\_\_ None. Permission is granted for a complete postmortem examination, with removal, examination, and retention of materials as ISDP Consulting LLC or its designees deem proper for the purposes set forth above, and for disposition of such material as ISDP Consulting LLC or its designee determines is appropriate.

\_\_\_ Permission is granted for a postmortem examination with the following limitations and conditions (specify):

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\_\_\_\_\_  
Signature of person authorizing autopsy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person authorizing autopsy

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of witness

**Initials**\_\_\_\_\_

IV. Indemnity and Release Agreement

The undersigned, individually and as a representative of Decedent's family, hereby agrees to indemnify and hold ISDP Consulting LLC and its designees harmless from any and all claims, losses, cost, damages, expenses and liabilities (including, but not limited to, reasonable attorney's fees) directly resulting from the postmortem examination performed. The indemnity set forth herein specifically includes any claim, suit, action or proceeding which may be initiated by a third party against ISDP Consulting LLC or its designees. This indemnity is binding upon the successors, assigns, heirs, and principals of the undersigned. The undersigned has had an opportunity to review and consider this Indemnity and Release and to discuss this document with the advisors of the undersigned. The undersigned executes this Indemnity and Release voluntarily for the purposes set forth herein.

IN WITNESS WHEREOF, the undersigned has executed this Indemnity and Release this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

**Initials**\_\_\_\_\_

**DECEDENT INFORMATION**

Name of deceased: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Location of death: \_\_\_\_\_

Date of death: \_\_\_\_\_

Time of death: \_\_\_\_\_

Physician (s): \_\_\_\_\_

Brief medical history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Concerns or reasons for postmortem examination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initials** \_\_\_\_\_

12160 W Parmer Ln, Ste 130-108  
Cedar Park, TX 78613  
305-283-3371  
[satchundru@yahoo.com](mailto:satchundru@yahoo.com)

PLEASE INCLUDE ANY ADDITIONAL INFORMATION HERE

Initials\_\_\_\_\_

12160 W Parmer Ln, Ste 130-108  
Cedar Park, TX 78613  
305-283-3371  
[satchundru@yahoo.com](mailto:satchundru@yahoo.com)

**POSTMORTEM EXAMINATION REPORT CONTACT INFORMATION**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Initials** \_\_\_\_\_

## AUTHORIZATION RIGHTS

Unless otherwise specified by the decedent, the next of kin has full legal right to authorize or refuse consent for the postmortem examination procedure. The person who has the legal right to authorize postmortem examination also has the right to state the limits within which it shall be performed and the postmortem examination must be performed within those limits. The person obtaining permission for the postmortem examination should provide a full explanation as to what will be done.

The following order of authority to give consent must be observed when obtaining signed authorization for the postmortem examination:

- Legally designated and court-appointed Power of Attorney, if none, then
- Surviving spouse or domestic partner; if spouse/domestic partner is deceased or incompetent, then
- Adult children; if none, then
- Parents; if none, then
- Brothers or sisters; if none, then
- Adult grandchildren; if none, then
- Grandparents; if none, then
- Nephews or nieces; if none, then
- Uncles or aunts; if none, then
- Cousins; if none, then
- Stepchildren; if none, then
- Relatives or next of kin of previously deceased spouse; if none, then
- Any other relative or friend who assumes custody of the body for burial.

NOTE: If two or more persons who are entitled to authorize the postmortem examination assume responsibility for the burial, the written authorization of one is sufficient. ISDP Consulting LLC or its designees explicitly do not recommend proceeding with a postmortem examination when there is known opposition by one next of kin of the same class as the one signing the postmortem examination consent form.

Initials\_\_\_\_\_