TELEPHONE CONSENT CONFIRMATION REQUIREMENTS

To: MEDICAL STAFF

RE: Telephone Consents for Body Releases and Post-Mortem Procedures

IHOP Policy 9.3.3 “Telephone Consent for Treatment/Procedures” REQUIRES that a confirmation fax be requested and received for all telephone permits. When obtaining telephone consents regarding disposition of the body and post-mortem procedures, ask the family to send a fax confirming their choices. Note: the autopsy and release of the body will be held up pending receipt of the fax.

Where to send the fax: Autopsy Service, Fax number (409) 772-9350
Where to document fax request: in the progress notes.

To be valid, the fax must contain the following components and information:

I. Identity of legal next of kin or person authorized by law to control disposition of the body:
I, name, relationship to decedent

II. Funeral home release: select I statement from below
A. Authorize UTMB to release the body to name of funeral home, city and state
B. Authorize UTMB to release the body to the Anatomical Board of the State of Texas
C. Authorize UTMB to retain the body and dispose of the remains according to customary medical practice. I have been informed that ashes cannot be recovered and returned to me.
(note: this options is for stillborns and neonates less than 28 days old)

III. Autopsy procedure: select I statement from below
A. I authorize UTMB to perform a complete autopsy and to retain organs and tissues for diagnosis and determining the cause of death. I also authorize / do not authorize the retention of tissues for use in education and research.
B. I authorize UTMB to perform a limited autopsy, limited to (state restrictions), and to retain organs and tissues for diagnosis and determining the cause of death. I also authorize / do not authorize the retention of tissues for use in education and research.
C. I do not authorize UTMB to perform an autopsy.

Sample message: Funeral home release, complete autopsy, with retention of organs/tissues for education and research.
I, John Doe, spouse of Jane Doe, authorize UTMB to release the body to St. Peter’s Funeral Home in Heavenly, Gates. I authorize UTMB to perform a complete autopsy and to retain organs and tissues for diagnosis and determining the cause of death. I also authorize the retention of tissues for use in education and research.

Sample message: Funeral home release, limited autopsy, without retention of organs/tissues for education and research.
I, John Doe, spouse of Jane Doe, authorize UTMB to release the body to St. Peter’s Funeral Home in Heavenly, Gates. I authorize UTMB to perform a limited autopsy, limited to the chest and abdomen only, and to retain organs and tissues for diagnosis and determining the cause of death. I do not authorize the retention of tissues for use in education and research.

Sample message: Neonate, no autopsy.
I, Jane Doe, mother, of Jim Doe, authorize UTMB to retain the body and dispose of the remains according to customary medical practice. I have been informed that ashes cannot be recovered and returned to me. I do not authorize UTMB to perform an autopsy.