THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON
MEDICAL SCHOOL
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
UT OUTREACH LABORATORY
6431 Fannin St, Houston, TX 77030 Ph: 713 500-5258 Fax: 713 500-0783

Authorization for Postmortem Examination of the Brain and Release of Body

Date:_____

Time:_____

WE/I,_____, bearing the relation of_____

To the deceased_____,

do hereby authorize the pathologists of the University of Texas - Houston Medical School Outreach Laboratory and/ or designees to perform a postmortem examination on the remains of said deceased to remove and retain the brain in attempt to understand and investigate more fully the central nervous system. We/I agree to the eventual disposition of these materials as the laboratory determines and or as required by the law regarding the disposal of human tissues. It is understood that this examination may benefit other individuals and the information obtained may be used in a professionally discreet manner for purposes of medical education and research. We/I understand that the portions of organs or tissues not needed for diagnosis, education or research purposes will be appropriately disposed of. It is hereby authorized that a complete record of the findings will be retained at The University of Texas – Houston Medical School Outreach Laboratory and a copy of the findings will be submitted to the patient's family with initial consultation.

We/I have read/have had read to me the above authority for Postmortem Examination of the Brain.

We/I have been given the opportunity to ask questions and seek clarification regarding the procedures to be followed.

We/I assume full responsibility for burial or other disposition of the deceased.

_____Funeral Home (name & phone number)

is hereby authorized to transport the remains of _____

_____ _____

* Signature of legal next of kin /relationship Witness (not a family member)

_____

Address City State Zip Phone

FUNERAL HOME:
Received from Hermann Hospital morgue are the remains of the above named deceased and the following effects:

_____

* LEGAL NEXT OF KIN: NEAREST OF KIN

SINGLE:	Mother and Father
SINGLE.	Parents deceased: brothers and sisters
SINGLE:	Parents deceased, no brothers or sisters: The following order is correct: 1.Grandparents, or 2. Uncles or Aunts, or 3. Cousins
MARRIED OR SEPARATED:	Husband or Wife
DIVORCED:	Children (over 18),
WIDOWED:	No children or children under legal age: 1. Mother and Father, or 2. Brothers and Sisters
WIDOWED:	Children (over 18),
WIDOWED:	No children or children under legal age: 1. Mother and Father, or 2. Brothers and Sisters

Date_____

_____
Name of Funeral Home

_____
Funeral Director Designee's Signature and phone number