

Parts I, II, III, IV must be completed.

<b>PATIENT INFORMATION</b>	DATE EXPIRED	TIME	CORONER NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CORONER'S REPRESENTATIVE		WILL CORONER ASSUME JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IS THE PATIENT A PRISONER OR HAS MR/DD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CONTACT THE CORONER.			
	ATTENDING PHYSICIAN COMPLETING DEATH CERTIFICATE: _____			
	ADDRESS: _____			
	PHONE: (____) ____ - ____			
	NEXT OF KIN	RELATIONSHIP	PHONE NUMBER:	
ADDRESS		CITY, STATE, ZIP		
OTHER CONTACT PERSON		PHONE NUMBER:		
<b>ORGAN/TISSUE/EYE DONATION REQUEST</b>	1. Notify <b>DONOR REFERRAL LINE</b> at 1-877-223-6667. Referral number: _____			
	2. Page Beeper 7835 at The Ohio State University Wexner Medical Center, Beeper 6152 at James or Beeper 346-5520 at OSU East.			
	3. Patient medically suitable to donate <input type="checkbox"/> YES <input type="checkbox"/> NO If No, why? _____			
	4. Patient in donor registry or family approached for donation by <input type="checkbox"/> LOOP <input type="checkbox"/> Other _____			
	5. Loop Request / Consent Outcome: <input type="checkbox"/> Consent obtained <input type="checkbox"/> Consent denied			
<b>AUTOPSY INFORMATION</b>	1. Autopsy requested by _____ Consent for Autopsy: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	2. Complete Autopsy Consent Form.			
<b>PERMISSION FOR RELEASE</b>	I give permission to release the body of: _____			to
	(Funeral Home, City, State or body donation university) _____			
Phone number of funeral home: _____				
SIGNATURE OF NEXT OF KIN		DATE/TIME:	WITNESS	
RECEIVED BY MORTUARY REPRESENTATIVE		DATE/TIME:	FUNERAL HOME	



\*FS0011\*

**THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER**

**DEATH AND DONATION REQUEST**

White: Chart    Yellow: Bereavement    Pink: Morgue    Gold: Funeral Home  
 MC010512 (3/13)

Patient Name:  
 Medical Record Number:  
 Date of Birth:

## Instructions for Death and Donation request Form (Form MC010512)

1. Place label on each page of form.
2. **Part 1.** Any death falling in the following categories comes under the coroner's jurisdiction. The death should be reported to the Coroner of Franklin County unless otherwise indicated. If the coroner releases the case, an autopsy permission can be obtained in the manner in Part III (See Postmortem Policy).

### Coroner's Case Criteria:

- Death occurring while under influence of an anesthetic, whether in an operating room or in a patient's room.
- Death occurring without previous medical attention.
- Death by criminal or other violent means (e.g., homicide, criminal abortion, gunshot wound, poisoning, explosions, fire).
- Death by suicide.
- Any sudden death, when in apparent health.
- Death in any suspicious or unusual manner.
- Death by casualty (e.g., drowning, automobile accident, fall, any injury, accident resulting directly or indirectly in death).
- Any accidental death while in the hospital.
- Death of any mentally retarded person or developmentally disabled person regardless of circumstances.
- Death of a prisoner regardless of circumstances.

3. If coroner's case, wait for instructions from their office. If not coroner's case, proceed to 4.
4. Determine the nearest kin in the following order (NOTE: the same next of kin must sign in the appropriate areas in section IV) and on autopsy consent form.
  - a) Spouse
  - b) Adult children
  - c) Parents
  - d) Adult brothers or sisters
  - e) Grandparents
  - f) Guardian
  - g) Any person authorized or under obligation to dispose of the body.
5. **Part II.** Organ/Tissue/Eye Donation Request must be completed for all hospital deaths in accordance with the hospital's organ/eye/tissue donation protocols. (See Organ/Tissue/Eye Donation Request Policy).
6. **Part III.** Fill in Autopsy Request outcome.
7. **Part IV.** Permission for Release: The next of kin must sign for release of body to funeral home or appropriate facility.