

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: AUTOPSY REQUEST AND DECEDENT RELEASE

Policy No.: B889

Supersedes: NEW	Review Date: April 16, 2024
Origin Date: August 14, 2023	Revision Date:

PURPOSE:

To delineate the process of requesting post-mortem examination or autopsy and the release of decedent to outside entity.

POLICY:

Patient deaths that fall within the jurisdiction of the Medical Examiner’s Office must be referred to the Coroner for proper disposition. For all other autopsies, Rancho Los Amigos National Rehabilitation Center (RLA) will request autopsies to be performed at Harbor UCLA Medical Center (HUMC).

This policy provides guidelines for the following:

1. Receipt of decedent into Morgue/Crypt.
2. Request of Autopsy.
3. Contact information for Autopsy request.
4. Release of decedent
5. Handling of Decedent in Morgue for more than 2 months

The table below summarizes the forms and process owners:

Materials / Forms / Attachments	Process Owner
Morgue Log	Clinical Staff, Pathology or Core LAB Staff
Form 18 And Packet – If Coroner Case	Clinical Staff
HUMC Autopsy Forms Packet: Notice Of Patient’s Death Information For Certificate Of Death Consent To Post Mortem Examination	Clinical Staff
Anatomic Pathology Downtime Request Form	Clinical Staff
Autopsy Checklist	Pathology Staff
Notice To Morgue To Release Remains Form	Health Information Management (HIM) Staff or Nursing Resource Office Staff
Morgue Responsibilities Attachment	Clinical Staff, Pathology or Core LAB Staff

Revised:
Reviewed:

Approved By:

PROCEDURE:**A. Receiving of decedent into the Morgue**

1. Prior to bringing the decedent down to the morgue, the unit/department clinical staff will contact the Pathology department for access to the morgue in the following manner.
 - **Monday – Friday from 07:00 AM – 3:30 PM**
Contact pathology staff at x58994
 - **Monday – Friday 3:30 PM – 07:00 AM, Weekends and Holidays**
Contact core LAB staff at x58993
2. Large bodies require special precautions and procedures for safe handling. Large, heavy bodies should be transported to the lab by rolling the bed to the morgue where lifting equipment is available to remove the body.
3. Notify laboratory staff if death is due to one of the reportable diseases so personnel can take proper precautions.
4. The Pathology staff / Core Lab staff will supervise the transport of the decedent into the morgue/crypt by the Clinical staff.
5. Clinical staff responsibility:
 - a. Decedent is properly tagged with an identification/information tag
 - b. Placing the decedent into the available crypt.
 - c. Place the decedent information on the pre-cut label and place/slide the tag into the slot in the front door of the now-occupied crypt.
 - d. If the decedent is a coroner case, provide the completed form 18 and other documents (packet) to the pathology staff. Post a coroner case sign on the crypt door.
 - e. Place an appropriate infectious disease sign on the crypt door if applicable.
 - f. Enter the decedent's information in the Morgue log
 - g. Enter the decedent's information on the status tracking board (whiteboard) near the central receiving/processing area.
6. Department of Pathology staff or Clinical Laboratory staff responsibility:
Prior to the Clinical staff leaving the Department of Pathology:
 - a. Ensure all information is entered into the Morgue log
 - b. Ensure the decedent's information on the morgue log matches the information on crypt door.
 - c. If decedent is a coroner case, the appropriate sign is posted on the crypt door.
 - d. Ensure the decedent's information is entered on the Status tracking board (whiteboard) near the central receiving/processing area.
 - e. Pathology staff will be responsible for photocopying any documents that will be kept for laboratory documentation.
7. The temperature of the crypts is maintained between 34-40°F. The temperature is monitored and recorded daily in the Temperature Control Log.

B. Decedents with Autopsy Request

1. An Autopsy can be requested by contacting the Pathology Department at X58994.
2. The **HUMC Autopsy Forms Packet** and **Anatomic Pathology Downtime Request Form** must be completed. Forms are available on Rancho SharePoint intranet.
3. The ordering Physician must be available by pager or phone for the following:
 - a. Communications with pathologist at RLA before sending the decedent to HUMC.
 - b. Any communication with the pathologists at RLA or HUMC from the time of request submission to receipt of the final preliminary report.
4. Once the pathology lab receives the original completed **HUMC Autopsy Forms Packet** and **ANATOMIC PATHOLOGY DOWNTIME REQUEST form**, the RLA pathologist/designee is responsible for reviewing the forms have been completed properly and communicating with the Head of Neuropathology and Autopsy Service at HUMC about the incoming autopsy:
 - Provide the weight and height of the decedent for acceptability.
 - Amputated body parts if applicable.
 - Infectious disease if applicable.
5. Once the request has been confirmed by the Autopsy Service Office at HUMC, order the Pathology Autopsy Request in the Laboratory system.
 - Log in and accession the case with an RLA case number.
 - Place the accession case specimen label on the following documents:
 - ❖ HUMC Post Mortem Examination consent form
 - ❖ Anatomic Pathology Downtime Request form
 - Photocopy the HUMC Post Mortem Examination consent form with the accession case specimen label and other HUMC forms for RLA record.
 - Post an information sign on the outside of the designated crypt for transfer.
6. Arrange for transportation of the decedent to HUMC by performing the following:
 - a. Contact L.A.C Mortuary to arrange for the delivery of the decedent to HUMC between the hours of 08:30 AM – 2:00 PM on Monday thru Thursday excluding Holidays. Arrange pickup as early as possible. Delivery on Friday is discouraged.
 - b. Provide the following information to the transporting Mortuary:
 - i. Decedent's name
 - ii. Last 4 digit of MRUN
 - iii. Decedent's body weight
 - iv. Any amputated body parts
7. After the arrangement of transportation:
 - a. RLA pathology staff will inform HUMC Decedent Affairs office of the requested service and provide the Decedent's name, MRUN, time, and date of delivery.
 - b. Notify the RLA Security Supervisor Office that a decedent will be picked up for delivery to HUMC. Provide the date and approximate time of the pickup.
8. A designee(s) from RLA pathology clerical office/histology will supervise the pickup of the decedent's body and meet the mortuary service at the loading dock.

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- a. Verify the decedent's information on the **HUMC Autopsy forms** matches the information read by the mortuary staff from the decedent tag. The **original HUMC Autopsy forms** must accompany the decedent to HUMC.
 - b. Enter transfer details in the morgue log with the representative.
 - c. Update the notes on the status tracking board near central processing/receiving.
 - d. Notify RLA HIM/medical records of the autopsy transfer via phone and email.
9. Once the autopsy is complete and all documents are complete, HUMC Pathology office will contact RLA Pathology office staff that the decedent is ready to be returned to RLA.
10. RLA pathology staff will contact L.A.C. Mortuary to make transportation arrangement for the pickup of the decedent from HUMC for Monday – Friday between the hours of 08:30 AM – 2:00 PM. HUMC has body release cutoff of 3:30 PM.
11. Once transportation arrangements are made, alert the Security Supervisor' Office that the decedent will be returned with a specific date and time if possible.
12. A designee(s) from RLA pathology clerical office/histology will meet the mortuary service at the loading dock to supervise the return of the decedent during the hours of 7:30 AM – 3:30 PM. After 3:30 PM, Core LAB staff or security staff will instruct L.A.C Mortuary to follow the map or verbal instruction to Laboratory Department. Core Lab staff will then supervise the return of decedent to the morgue. Once the decedent is in the morgue, perform the following:
- a. Make sure the Completed **HUMC Autopsy forms** are present.
 - b. Verify the decedent's information on the **HUMC Autopsy forms** matches the information that is read by the mortuary representative from the decedent tag.
 - c. Identify the crypt for the mortuary representative to place the decedent into.
 - d. Enter return details in the morgue log.
 - e. Update the notes on the status tracking board near central processing/receiving.
 - f. Notify RLA HIM / Medical Records of the decedent's return. This can be performed by the pathology clerical office/histology staff at a later time.
13. The RLA clerical staff/histology office will keep a record of each autopsy transferred in the autopsy archives. Retain record for 10 years as per CAP ANP 33500 requirements. Scan all autopsy documents into the AP PathNet System under the decedent file.
14. Follow the release decedent instruction in section C to release the decedent.

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Harbor UCLA Medical Center (HUMC)
Department of Pathology and Laboratory Medicine
1000 W Carson Street, Torrance, CA 90502

Neuropathology/Autopsy Service

- Marcia Cornford, MD, mcornford@dhs.lacounty.gov, (424) 306-6260

Decedent Affairs Office

(424) 306-4034

Transportation Vendor**L.A.C. Mortuary Accommodations, Inc. (626) 589-0294**

- Andrew Cervantes, lacmortuaryacc@lacfirstcall.com

Rancho Los Amigos National Medical Center (RLA)

7601 E. Imperial Highway, Downey, CA 90242

Department of Pathology, JPI Bldg. Basement Room B
Administrative Office

- Alejandro Banda, abanda@dhs.lacounty.gov, (562) 385-8994
- Angelica Manzano, amanzano@dhs.lacounty.gov, (562) 385-8994
- Siranush Bagdatyan, sbagdatyan@dhs.lacounty.gov, (562) 385-8994

If unable to reach Pathology Administrative staff, please call (562) 385-8993

RLA Security

- Security Supervisor's office
Desjarnetta Fields, (562) 385-7343

RLA HIM / Medical Records

(562) 385-7121, (562) 385-7122

rlahimroi@dhs.lacounty.gov

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Decedent can only be released to county coroner or to licensed facilities, such as funeral homes and crematoriums. No bodies will be released to family members, friends, or acquaintances.

** The release of all decedents will be done so upon completion of a release form.

** Exception: LAC/USC Medical Center or Coroner's Office will not need a release form.

If the decedent is a coroner case, a completed form 18 and coroner case packet will be delivered by clinical staff to the pathology department.

1. Release of decedent to the mortuary requires the **NOTICE TO MORGUE TO RELEASE REMAINS** form. This form will be faxed to the laboratory copy room and then followed up with a phone call to the pathology department or core LAB to ensure the form has been received.

Department/representative responsible for the sending the form:

- a. **Monday – Friday during business hours: 08:00 AM – 4:30 PM** by HIM / Medical Record
 - b. **Monday – Friday after HIM / Medical Record business hours, weekends, and Holiday:** by Nursing Resource Office (NRO) – extension: X56211
2. The mortuary will notify the pathology department or Core LAB that they are on their way to pick up the decedent. Prior to releasing the body, if the death is due to one of the reportable diseases, notify the mortuary about the disease involved so they can take proper precautions.
 3. Once the mortuary gets to the designated location for pick up, security staff will notify the lab of the arrival of the mortuary representative.

Decedent pick up location will be as follows:

6:30 AM – 6:00 PM - Loading dock

6:00 PM – 6:30 AM - Near the JPI Building entrance

4. The pathology staff and core lab staff will assist the mortuary as follows:

Monday – Friday 6:30 AM – 3:30 PM:

Pathology staff member will meet the mortuary staff at the loading dock and supervise the pickup of the decedent.

Monday – Friday 3:30 PM – 6:30 AM, Weekends and Holidays:

Core LAB or security will provide instructions on how to get to the laboratory department. Once the mortuary staff member(s) gets to the Laboratory Department, Core Lab staff will escort the mortuary staff member(s) to the morgue and supervise the pickup of the decedent.

5. Pathology or Laboratory personnel must be with the representative at all times while in the morgue.
6. Pathology or Laboratory personnel will direct the representative to the crypt area and have the representative read the name tag information on the crypt door while staff compare the information to the **NOTICE TO MORGUE TO RELEASE REMAINS** form.

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Note: In the event this is a coroner case, staff will compare the information on Form 18.

7. Once the information has been confirmed, have the representative pull out the drawer and read out the information from the decedent's attached tag while staff verify the information on the release form is the same. This will ensure the correct decedent is being picked up.
8. Once all the decedent's information has been verified, proceed to complete the **Morgue Release Certification** section on the form, the RLA staff member and mortuary representative will sign the respective lines on the form.
9. Proceed to finish the documentation of the release of the decedent with the representative in the RLA morgue log book.
10. The completed **NOTICE TO MORGUE TO RELEASE REMAINS** form will remain with the LAB. If this was a coroner case, form 18 and the coroner case packet will accompany the coroner representative.
11. Remove and discard decedent's name tag from the crypt door.
12. Pathology staff member will escort the mortuary staff member back to the loading dock for departure. If after hours, mortuary staff member will be instructed to proceed back to their designated pickup location.
13. Clear decedent's name off the status checking board near the central processing/receiving area.
14. Pathology clerical office/histology staff will archive and scan the **NOTICE TO MORGUE TO RELEASE REMAINS** form into the AP PathNet System under the decedent file.

D. Handling of Decedent in Morgue for more than 2 months

1. Contact HIM / Medical Record Department to start paperwork with the decedent's next of kin to move the decedent to the Los Angeles County (L.A.C.) morgue if not started already.
2. Once HIM / Medical Record Department indicates the decedent is ready to be transported to LAC morgue, confirm the following with HIM:
 - The EDRS record has been transferred to the appropriate department.
 - The death certificate and permit have been submitted to the Health Department.
3. The HIM / Medical Record Department will provide the pathology department with the following documents to release the decedent:
 - The Notice to Morgue to Release Remains
 - Certificate of Death
 - Permit For Disposition of Human Remains
4. Once all documents are complete, contact L.A.C. Mortuary to make transportation arrangements for the pickup of the decedent from RLA to LA Morgue during the LA Morgue intake days and time.

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5. Transport will need working copy of the certificate of death and permit to transport the decedent to LA Morgue.
6. Follow the release decedent instructions in section C to release the decedent

ATTACHMENTS:

Patient Expiration Algorithm

Morgue Responsibilities

Morgue Route Map

Coroner Form 18

Anatomic Pathology Downtime Request Form

HUMC Autopsy Form (4 pages total--- Attachments I, IIA, IIB, III)

Notice to Morgue to Release Remains

Created by:

Alice Wong, CL

Melanie Osby, Lab Director

Danthanh Vu, NM

Annette Simmons, HIM Director

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CONTACT INFORMATION for LA Morgue**LA Morgue**

1104 N. Mission Rd.
Los Angeles, CA 90033

LA Morgue intake days and time:

Wednesday and Thursday 10:00 AM – 3:00 PM

Transportation Vendor

L.A.C. Mortuary Accommodations, Inc. (626)589-0294

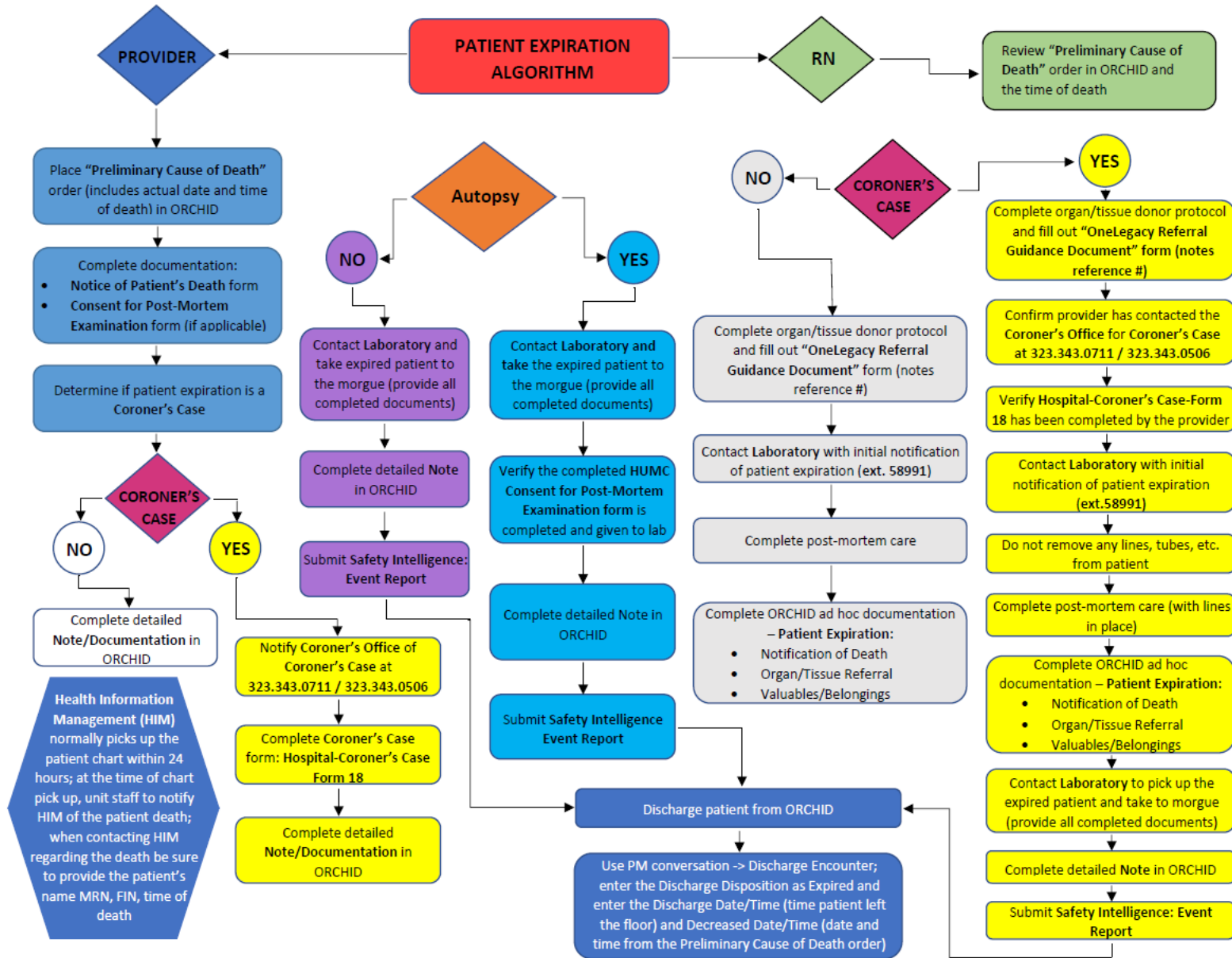
- Andrew Cervantes, lacmortuaryacc@lacfirstcall.com

Los Angeles General Medical Center**Decedent Affairs Office**

2501 Marengo Street
Los Angeles, CA 90033

Decedent Affairs Supervisor

- Jocelyn "Keeshan" Alderson, jalderson@dhs.lacounty.gov
(323) 409-7161 - work
(323) 441-8214 – fax



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MORGUE RESPONSIBILITIES

Receiving Decedent into Morgue:	
Clinical Staff responsibility:	Pathology / CORE LAB staff responsibility:
1 Decedent is tagged with identification tag	1 Ensure all information is entered in the morgue log
2 Place decedent into the crypt.	
3 Place decedent information on a label tag and slide tag on the front door of the crypt.	2 Ensure the decedent's information in the morgue log matches the information on the crypt door.
4 If decedent is a coroner case, post the coroner sign on the crypt and deliver completed form 18 and packet to lab staff	3 If this was a coroner case, make sure form 18 and packet is present. Make sure the appropriated sign is posted on the crypt door.
5 Post sign on crypt for infectious disease if applicable.	4 Ensure the decedent's information is entered on the Status tracking board.
6 Enter decedent's information in the Morgue log book.	5 Pathology staff will photocopy any records that are required for the laboratory documentation.
7 Enter decedent's information on the Status tracking board (white board).	

Autopsy Request**Pathology staff responsibility:**

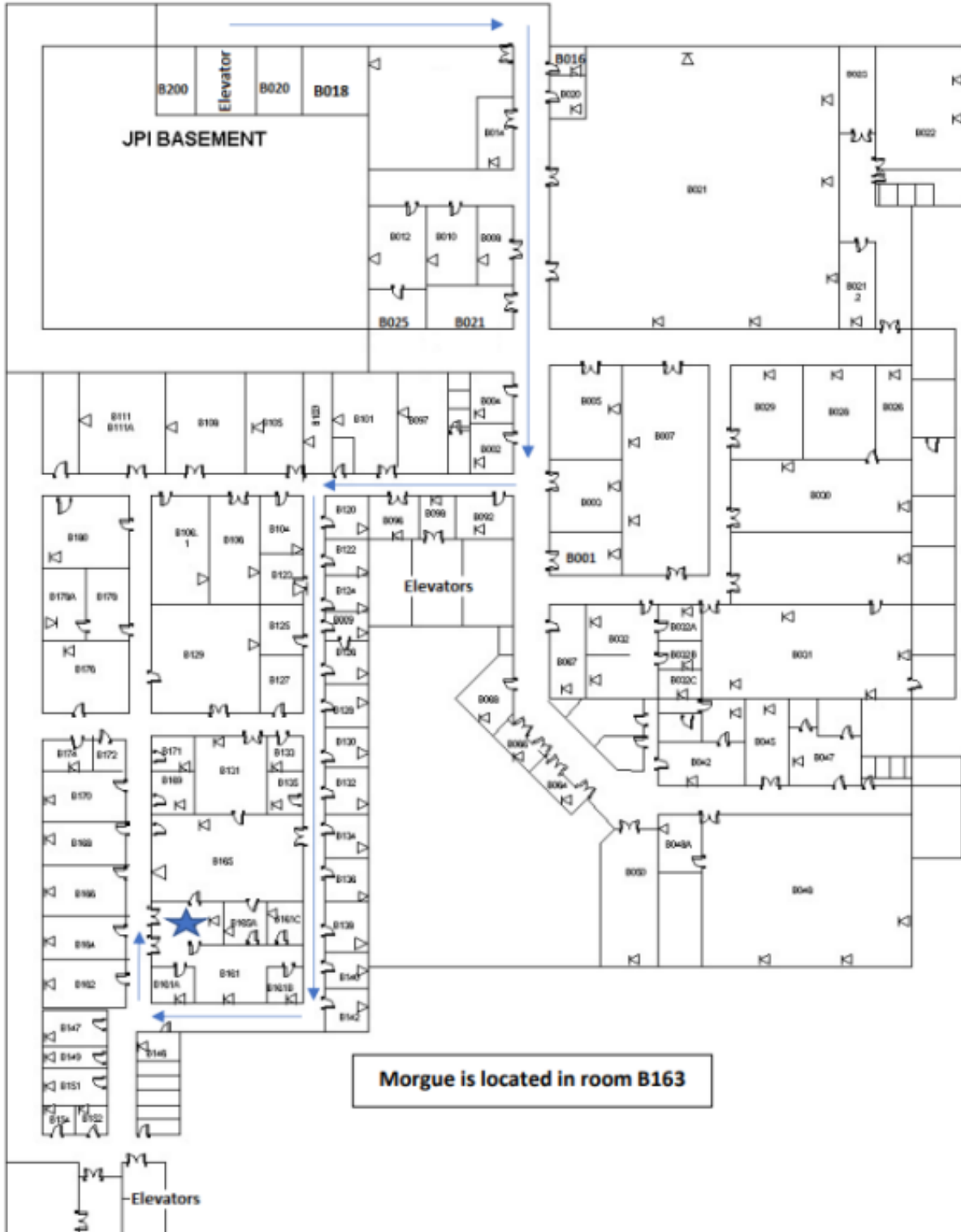
Start Autopsy checklist

Release of Decedent**Pathology or CORE LAB staff responsibility:**

- 1 Release of decedent requires the **NOTICE TO MORGUE TO RELEASE REMAINS** form. Exception is the Coroner's office.
- 2 Pathology staff will meet mortuary staff at loading dock to supervise the release.
- 3 Check the name tag on the crypt door against the release form to indicate to the representative the decedent to be taken.
- 4 Have representative read the information from the decedent's attached tag while staff verify the information on the release form is the same.
- 5 Once all decedent's information has been verified, proceed to sign / complete the release form and morgue log with the representative
- 6 The **NOTICE TO MORGUE TO RELEASE REMAINS** form will remain with the LAB
- 7 Remove decedent's name from crypt door and status tracking board.
- 8 Pathology staff will archived and scan release form into the AP PathNet system.

APA 100.00 Morgue responsibilities.xlsx 08.10.2023

Department of Pathology Morgue Route Map



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TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# _____

NAME OF FACILITY _____

ADDRESS _____ HOSPITAL PHONE # _____

NAME OF DECEDENT _____

SOURCE OF IDENTIFICATION _____ DOB _____ AGE _____ SEX _____ RACE _____

DATE OF DEATH _____ TIME _____

PRONOUNCED BY _____ MEDICAL RECORD OR PATIENT FILE # _____

**ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR
THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD**

DATE ENTERED HOSPITAL _____ TIME _____

SELF AMBULANCE (Name or R.A.#) _____ ER DEATH? IN PATIENT DEATH?

FROM _____
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS _____ (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: _____ M.D. PRIMARY ATTENDING PHYSICIAN _____ M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES _____ PLACE _____ CAUSE _____
DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: ____ NO ____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: ____ NO ____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: ____ NO ____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____ OFFICE PHONE # _____

Section 102850. A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) Without medical attendance.
 - (b) During the continued absence of the attending physician and surgeon.
 - (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
 - (d) Where suicide is suspected.
 - (e) Following an injury or an accident.
 - (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
- Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Section 27491 of the Government Code, State of California

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Listed below are types of deaths which have been difficult to evaluate and **should be referred** to the Coroner for decision:

Aspiration – refer to Coroner

Suffocation – refer to Coroner

Drug addiction – refer to Coroner

Exposure – refer to Coroner

Pneumoconiosis – refer to Coroner

Gastroenteritis

a. Do not use as cause of death. If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage.

a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner.

Heat prostration – refer to Coroner.

Diarrhea – should not be used as immediate cause of death.

Fractures

a. All fractures should be evaluated by the Coroner except **SPONTANEOUS PATHOLOGICAL** fractures.

Therapeutic misadventure – refer to Coroner.

Operative Deaths (result of surgery or anesthesia) – refer to Coroner.

CONTAGIOUS DISEASES

A Coroner's referral will not be necessary for diagnosed cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.



County of Los Angeles Department of Health Services
 Rancho Los Amigos National Rehabilitation Center
 7601 E. Imperial Hwy
 Downey, CA 90242
 Melanie Osby, M.D., Laboratory Director

Patient Name: _____

MRN: _____ FIN: _____

Date of Birth: _____ Patient Location: _____

Affix Patient label if available

ANATOMIC PATHOLOGY DOWNTIME REQUEST FORM

Date/Time of Request	Collection Date	Collection Time (Military time)	Collectors e # and Name
Diagnosis	Attending Physician	Consulting Doctor	Provider's pager # and Extension#

Ordering Provider's Name: _____

Send to Histology JPI B165 for processing ext 58994

Age	Race	For Female Patients	Hormonal Therapy	Surgery History	Radiation Therapy	Chemotherapy
		G _____ P _____ Ab _____ LMP _____				
		IUD <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Post Part/Abortion		
			<input type="checkbox"/> Perimenopausal	<input type="checkbox"/> Post Menopausal		

CYTOLOGY REQUEST Date/Time Received: _____ Cytology Specimen No: _____

ASPIRATE (Give Site)	GYN	FLUID	GI	RESPIRATORY	GU	CSF	Semen	Other (Specify)
	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Endometrial	<input type="checkbox"/> Ascitic <input type="checkbox"/> Pleural <input type="checkbox"/> Pericardial <input type="checkbox"/> Synovial <input type="checkbox"/> Peritoneal Wash <input type="checkbox"/> Other	<input type="checkbox"/> Oral <input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric Brush <input type="checkbox"/> Gastric Wash <input type="checkbox"/> Intestinal <input type="checkbox"/> Anal	<input type="checkbox"/> Sputum <input type="checkbox"/> Bronchoscopic Wash <input type="checkbox"/> Bronchoscopic Brush <input type="checkbox"/> Lung Lavage	<input type="checkbox"/> Voided Urine <input type="checkbox"/> Cath. Urine <input type="checkbox"/> Renal Wash <input type="checkbox"/> Bladder <input type="checkbox"/> Ureteral Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL HISTORY & PROVISIONAL DIAGNOSIS: _____

EXAM: FOR FNA _____

TISSUE REQUEST Date/Time Received: _____ Surgical Specimen No: _____

* INDICATES REQUIRED FIELDS

* Specimen Description:

* Procedure:

*Reporting Priority: Routine Stat

*Clinical Findings and Pertinent History:

*Pre-Operative Diagnosis: _____

*Post-Operative Diagnosis: _____

*Specimen received as:

Fresh Frozen Formalin Fixed Time placed in formalin: _____

*Laterality Left N/A Right

*Clinical Service / Ordering Location:

AUTOPSY REQUEST Decedent: _____ Height: _____ Weight: _____ lbs

Amputated body parts if any: _____

HARBOR UCLA MEDICAL CENTER

NOTICE OF PATIENT'S DEATH

INSTRUCTIONS TO NURSES: THIS BLANK MUST BE MADE OUT IMMEDIATELY FOLLOWING THE DEATH OF A PATIENT, AND DELIVERED, TOGETHER WITH THE CHART, TO THE MORTUARY RECORDER.
DO NOT WRITE ON THE REVERSE SIDE OF THIS SHEET.

The Patient named below died at _____ M _____
Hour Day of the Week and Date

in the _____ Hospital Ward _____

(Write the word Yes or No) _____
Was a friend or relative present at time of death? Name and relationship of person present.

Address of person present. Also Phone Number

Name of person to notify. Relationship

Address of person to notify. Also phone number

(Write the word Yes or No) _____ (Write the word Yes or No) _____

Was an attempt made to notify? Were you successful?

Remarks: _____

Enter on these lines any remarks about results or attempts to notify.

Service of _____ Resident _____ Intern _____

Signed _____

Nurse

Date _____ Hour _____ A.M.

P.M.

MORTUARY ATTENDANT: Please deliver the remains of the patient named below to bearer.

ADMINISTRATOR

By _____

Clerk

IMPORTANT: UNDERTAKERS AND OTHERS TAKING BODIES MUST COMPARE THE NAME AND NUMBER ON THE TAG ATTACHED TO THE BODY WITH THE NAME AND NUMBER ON THIS ORDER BEFORE REMOVAL.

Received remains of patient named below for transportation in accordance with Section 2 of Los Angeles Health Department Order No 13

Name of Undertaking Firm _____

Date _____ 20 _____

Signature of Person Receiving Remains

Date and Time Stamp indicating Arrival of Death Papers in Mortuary Office.

Initials of Mortuary Clerk Accepting Death Papers.



NOTICE OF PATIENT'S DEATH



NAME OF DECEASED

FIRST NAME MIDDLE NAME LAST NAME DATE OF DEATH TIME SEX

- 1. WAS ONE LEGACY NOTIFIED (800-338-6112) AT THE TIME PATIENT EXPIRED?
(THIS IS STATE-MANDATED) PLEASE DOCUMENT TIME CALL WAS MADE.
- 2. WHAT IS THE DEATH NOTIFICATION NUMBER FROM ONE LEGACY?
- 3. IF THIS PATIENT BEING CONSIDERED AS A CORONER'S CASE?
A. IF "YES" WAS A CORONER REPORT COMPLETED (FORM 18)
(PLEASE READ REVERSE SIDE FOR CAUSES CONSIDERED CORONER'S CASES)
- 4. WAS AUTHORIZATION FOR AUTOPSY DISCUSSED WITH FAMILY?

YES NO
 TIME: _____
 # _____
 YES NO
 YES NO
 YES NO

19A PLACE OF DEATH 19B IF HOSPITAL, SPECIFY ONE ER, ER0P, DOA 19C COUNTY

19D STREET ADDRESS, STREET AND NUMBER OR LOCATION 19E CITY TIME INTERVAL BETWEEN ONSET AND DEATH 22 WAS DEATH REPORTED TO CORONER REFERRAL NUMBER YES NO

21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR) IMMEDIATE CAUSE (A) 23 WAS BIOPSY PERFORMED? YES NO

DUE TO (B) 24A WAS AUTOPSY PERFORMED? YES NO

DUE TO (C) 24B WAS IT USED IN DETERMINING OF DEATH YES NO

DUE TO (D)

25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED
 27A DECEDENT ATTENDED SINCE MONTH, DAY, YEAR DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR
 27B SIGNATURE AND DEGREE OR TITLE OF CERTIFIER 27C CERTIFIER'S LICENSE NUMBER 27D DATE SIGNED
 27E ATTENDING PHYSICIAN'S NAME (PLEASE PRINT)

NAME OF RESIDENT PHYSICIAN ID# EXT./PAGER NO. SERVICE EXTENSION

ALTERNATE NAME OF RESIDENT PHYSICIAN EXT./PAGER NO. SERVICE EXTENSION

*PLEASE NOTE: AS REQUIRED BY CIVIL CODE (SECTION 1798.9) PHYSICIANS MUST SIGN THE DEATH CERTIFICATE WITHIN 15 HOURS AFTER DEATH IF DETERMINED THE CAUSE OF DEATH IS NOT A CORONER'S CASE

INFORMATION SHOULD BE COMPLETED ON NURSING UNIT OR EMERGENCY DEPARTMENT

REPORT OF AUTOPSY

CAUSE OF DEATH AS DETERMINED BY AUTOPSY SURGEON: _____
 DUE TO: _____
 DUE TO: _____
 OTHER CONDITIONS: _____
 SIGNATURE OF AUTOPSY SURGEON _____
 Name (Print) _____



FOR MORTUARY OFFICE USE ONLY: CORONER

WAS THE CORONER NOTIFIED? YES NO

WORK SHFT/HOUR EXTENSION/BEEPER DATE REVIEWED

NAME OF THE PEACE OFFICER REVIEWING THE MEDICAL RECORD AND NOTIFYING CORONER'S OFFICE?

NAME OF PEACE OFFICER/TITLE (RANK) DEPARTMENT/UNIT TELEPHONE/EXTENSION DATE REVIEWED

WITH WHOM IN THE CORONER'S OFFICE DID THE MORTUARY STAFF TALK TO?

NAME OF PERSON IN CORONER'S OFFICE DATE AND TIME TELEPHONE/EXTENSION

REMARKS/COMMENTS: _____

NAME OF MORTUARY STAFF: _____

Section 10250 (Health and Safety Code, State of California)

A PHYSICIAN, FUNERAL DIRECTOR OR OTHER PERSON SHALL IMMEDIATELY NOTIFY THE CORONER WHEN HE HAS KNOWLEDGE OF A DEATH WHICH OCCURRED OR HAS CHARGE OF A BODY IN WHICH DEATH OCCURRED:

- a. Without medical attendance.
- b. During the continued absence of the attending physician.
- c. Where the attending physician is unable to state the cause of death.
- d. Where the deceased person was killed or committed suicide.
- e. Where the deceased person died as the result of an accident.
- f. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Listed below are types of deaths which have been difficult to evaluate and should be referred to the Coroner for decision:

- Aspiration - refer to Coroner
- Suffocation - refer to Coroner
- Drug addiction - refer to Coroner
- Exposure - refer to Coroner
- Pneumoconiosis - refer to Coroner

Gastroenteritis

- a. Do not use as cause of death- If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the coroner.
- b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage

- a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner.

Heat prostration - refer to Coroner.

Diarhea-should not be used as immediate cause of death.

Fractures

- a. All fractures should be evaluated by the Coroner except SPONTANEOUS PATHOLOGICAL fractures.

Therapeutic misadventure - refer to Coroner

Operative Deaths (result of surgery or anesthesia) - refer to Coroner.

CONTAGIOUS DISEASES

A coroner's referral will not be necessary for diagnoses cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnoses contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

INFORMATION FOR CERTIFICATE OF DEATH

SOME OF THE REASONS YOUR PHYSICIAN EARNESTLY SEEKS YOUR PERMISSION TO EXAMINE THE DECEASED:

1. If the cause of death is obscure there is no more final or definite method of determining this cause.
2. If the cause is presumably known, the knowledge gained from a post mortem examination will be of significant, unusual value in helping your physician in the treatment of those similarly afflicted.
3. If a suspected, but not confirmed, transmissible or hereditary disease which might affect a person or persons now living.
4. The post mortem examination will be performed by a pathologist very much as any operation is performed. The report of the examination can be of value in settling insurance claims.
5. Advancement of medical knowledge to the present high level has been made possible by the use of the post mortem examination.

CONSENT TO POST MORTEM EXAMINATION

For the purpose of determining the cause of death, and in the hope of furthering medical knowledge and progress, I, being the surviving spouse, child or parent, brother or sister, or other kin or person who has acquired the right to control the disposition of the remains of _____

(NAME OF DECEASED)

hereby authorize the Department of Health Services of the County of Los Angeles, to perform without charge to me a complete post mortem examination on the deceased, including removal, photographing, retention, and disposition of such specimens, organs and tissues including eyes as deemed proper for diagnostic, scientific or therapeutic purposes, including transplantation to a living person.

Relationship to Deceased _____ Print Name _____

Signature _____ Date _____

SPECIAL INSTRUCTIONS:

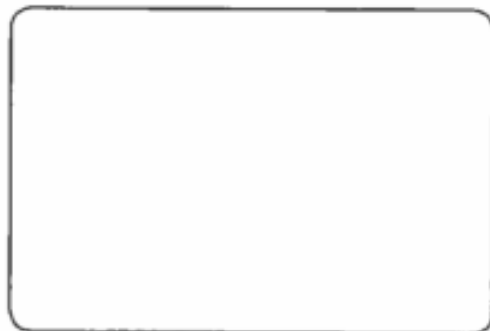
BODY RETURNED TO MORGUE IN GOOD CONDITION
AUTOPSY SURGEON _____
MORGUE ATTENDANT _____
DATE _____

Date _____

Autopsy No. _____

By _____

MORTUARY RECORDER





NOTICE TO MORGUE TO RELEASE REMAINS

TO: MORGUE (Pathology)
JPI Building, Room 170
7601 E. Imperial Hwy
Downey, CA 90242

Phone: (562) 385-8994 M-F 6:30 AM – 3:30 PM
(562) 385-8993 M-F 3:30 PM – 6:30 AM,
Weekends and Holidays
Fax: (562) 385-8997

Date of Death : _____

Decedent's Name

MRUN #

Date of Birth

Pending Autopsy : NO Yes, Do not send notice until autopsy is complete

Autopsy is complete, release of remains can continue.

Verify by: _____ Date: _____

(Print first and last name)

Pending Coroner: NO Yes, Do not send notice if this is a Coroner case

Please release the remains of:

TO: _____

NAME OF MORTUARY

HIM or NRO Representative Requesting Remains to be Released

Print Name, Title

Signature / Date

MORGUE RELEASE CERTIFICATION

Patient Name: _____

MRN#: _____ Date of Birth: _____

Affix Patient label if available

This is to certify that we have compared the decedent's Identification information attached to the body with the identification information on this release.

Representative Releasing body

Representative Receiving body

Print Name, Title

Print Name

Signature / Date

Signature / Date

Note: Decedent can only be released to county coroner or to a licensed facilities such as funeral homes and crematorium. No bodies will be released to family members, friends, or acquaintances.