

The Children's Hospital of Philadelphia Autopsy

Pediatric & Perinatal Consult Service Expectations

- All clients are required to identify the following:
 - a **pathologist or clinician** who will be responsible for establishing procedures and protocols at their institution and within their department to meet CHOP's consult service expectations.
 - An **administrative or departmental staff** contact person must also be identified by each client who will be responsible for confirming that the required CHOP forms are complete and specimen requirements have been met prior to initiating the transport of any remains or specimens to CHOP pathology.
- Bodies for autopsy received without meeting the requirements outlined below may be delayed or returned
 - If requesting autopsy on body/case that does not meet these requirements, prior approval by the CHOP Director of Autopsy or the Anatomic pathology Operations Director is required prior to initiating transport to CHOP
- Unacceptable/declination criteria
 - Patient >18 years old at time of death
 - Non-natural event in the cause of death sequence or obvious litigious intent
 - Embalmed/formalin fixed decedents
 - Number of days from death or delivery (if stillborn/fetal) to autopsy >7 calendar days
- CHOP pathology must be called at **215-590-1728** to notify of intent to send body (request autopsy)
- **All** the following forms/documents **must** be accurately and entirely completed:
 - **CHOP Autopsy Request Checklist**
 - **CHOP Authorization for Autopsy**
 - Outside hospital autopsy consent forms are not accepted
 - Any autopsy restrictions must be clearly specified on Authorization for Autopsy form
 - Signature by one parent is acceptable if there is only one legal parent or both parents agree but one is unable to sign
 - Permission by telephone is acceptable only if consent is witnessed by physician/NP and one other person
 - Form must be entirely completed to be rendered valid
 - **CHOP Authorization for release of remains from the Children's Hospital of Philadelphia**
 - Must clearly state the decedents name
 - If releasing body to funeral home, the name and phone number of the funeral home are required
 - If releasing to courier service, the name and phone number of the service are required
- Upon completion of all forms/documents, fax (215-590-1736) or email to chopapconsult@chop.edu
- Transportation of the body/remains
 - The referring institution is responsible for arranging transportation of the body to CHOP via a licensed courier service or funeral home
 - All fees associated with the transportation are the responsibility of the outside hospital
 - Body must be kept fresh, refrigerated at all times (not frozen or in fixative)

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- Ensure body is properly identified (wristband or toe tag must be attached to the body and include 2 identifiers) In the case of stillborn/fetus – the mother's name and one other identifier should also be included.
- If the funeral home name and contact number is provided, CHOP staff will contact the funeral home for release once autopsy is complete; otherwise, CHOP staff will notify outside hospital staff
- Body must be picked up within 3 working days following autopsy completion
- Placentas associated with fetus/infant (up to 1 month old) autopsy requests
 - Placenta should accompany the body to CHOP for examination
 - If delivery took place at a different institution complete Authorization to release/obtain patient information form
 - Placenta should be kept fresh and refrigerated prior to transport, but will be accepted in fixative
 - If placenta is already processed, send report, blocks, slides, and residual wet tissue if still available
 - The placenta should be labeled with the mother's information (at least name and maternal DOB)
 - The placenta will be accessioned as a consult surgical specimen, processed and charged appropriately and will be finalized under the mother's name with results incorporated into the final autopsy report
 - If the placenta was already examined and report finalized at OSH – will be charged as consult surgical specimen
- Retention of materials
 - Organs will be retained and disposed of following CAP regulations and not returned with the body, unless specifically noted as a restriction on the CHOP authorization for autopsy form
 - If organs are to be returned to the body, neuropathologic examination (brain and spinal cord) will not be performed
 - Representative portions of organs and placenta may be snap frozen and retained following institutional guidelines for future potential future testing and are available upon request
- Autopsy reports
 - Preliminary autopsy reports are completed within 4 working days of autopsy initiation, per CAP guidelines
 - Final autopsy reports are completed within 60 working days of autopsy initiation, per CAP guidelines
 - Autopsies are performed Monday – Friday, 9am-5pm
- Ancillary testing
 - Radiographs are routinely performed on fetuses and neonates at no additional charge
 - Routine bacterial and fungal cultures, if indicated, will be performed at no additional charge
 - Genetic testing can be performed upon request for additional fees and with a separate genetic testing order
- Communication with decedent relatives
 - All communication with the family of the decedent regarding the transportation, autopsy process/reports and release of body are the responsibility of the referring institution. Do not direct patient families or relatives to call CHOP. If contacted by decedent's family, CHOP will direct them to call the referring institution to obtain the desired information and answer questions.

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- All questions and concerns of patient families should be communicated through OSH clinician or staff to CHOP pathology. We do not release pathology records/reports to patient families.
- If there are any questions or concerns regarding the performance or status of the autopsy and pathology reports or location of remains by patient family members, the referring institution staff can call CHOP pathology department to obtain this information.
- It is the responsibility of the referring institution/department to release the autopsy and associated reports to the patient's medical record, clinicians, and family members.
- If OSH has not received reports or have questions about reports, please call or email to inquire about status and confirm that the correct fax number is being used
- CHOP pathologists may contact the ordering clinicians in order to obtain additional information to assist with the performance and interpretation of the autopsy findings. These clinicians may contact our department to discuss the autopsy results with the pathologist of record.
- Third-party billing
 - CHOP Pathology does not perform third-party billing. All bills generated for services rendered are submitted to the outside client for payment.

Required clinical information

Clinical information can be submitted to CHOP Pathology via any of the below methods:

- paperwork sent with body
- faxed to 215-590-1736
- emailed to chopapconsult@chop.edu with subject line [SEND SECURE]
- via Epic CareEverywhere by sending a completed demographic sheet and if necessary, Authorization to release/obtain patient information form

For Stillborn/fetal demise cases, send the following:

- Maternal History and physical
- Maternal delivery note
- Any available prenatal records
- Prenatal genetic testing results, if performed

For Liveborn/infant cases, send the following:

- Infant deceased discharge note
- Infant admission/history and physical note
- Maternal delivery note, admission/history and physical, and prenatal records, if available
- Pre- or postnatal genetic testing results, if performed

Autopsy Request Checklist

All items on checklist must be completed prior to transporting patient for autopsy

Please return this checklist and all required documents via fax (215-590-1736) or email to chopapconsult@chop.edu

Patient's/Decedent's information

Name: _____

Date of birth: ____/____/____ If stillborn, time of delivery: ____:____ AM / PM

Date of death: ____/____/____ If liveborn, time of death: ____:____ AM / PM

Brief reason for autopsy: _____

Requesting Clinician contact information

Name: _____

Contact Phone Number: _____

Client or Referring Address (Send results to):	Billing Address (If different from Client):
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Phone:	Phone:
Fax:	Fax:

- Call the Children's Hospital of Philadelphia at 215-590-1728 or 215-590-1729
- Completed **Children's Hospital of Philadelphia Authorization for Autopsy**
 - Any limitations must be clearly specified on the Authorization for Autopsy
 - Signature by one parent is acceptable if there is only one legal parent or both parents agree but one is unable to sign
 - Permission by telephone is acceptable only if witnessed by consenting physician and one other person
 - Form must be entirely completed to be rendered valid
- Completed **Authorization for the Release of Remains**

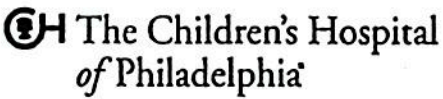
By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender acknowledges and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.

- Medical Records:** Collect all relevant medical records from the referring physician/institution
 - At minimum should include:
 1. Patient Demographics which include patient address
 2. Admission notes
 3. Recent progress notes
 4. Procedure notes
 5. Death note
 - If fetal/perinatal autopsy, please include copy of maternal prenatal record and delivery note
 - Medical records may be transmitted to CHOP via one or more of the following methods:
 - Printed copies of medical records sent with body or faxed to 215-590-1736 or email chopapconsult@chop.edu
 - Referring institution's records can be transferred via EPIC Care Everywhere for participating institutions
- Initiate transportation of the body** to The Children's Hospital of Philadelphia via funeral home or courier service. The referring institution is responsible for arranging transport and all fees associated with the transportation of the body.
 - Address: The Children's Hospital of Philadelphia,
Department of Pathology, 5th Floor Main
Philadelphia, PA 19104
 - Body must be kept fresh, refrigerated (not frozen or in fixative) at all times.
 - Ensure that the body is properly identified (wristband or toe tag must be attached to the body and include 2 identifiers, such as name, date of birth, MRN, etc)
- For fetal or perinatal autopsy:**
 - The placenta should accompany the body for CHOP pathologist examination
 - Should be labeled with the mother's information (name and maternal date of birth at minimum)
 - Preferably, the placenta should be kept fresh and refrigerated prior to transport; however, if it has already been processed by referring institution, please send report, slides and/or blocks, and fixed specimen, if available.
- Karyotyping or other genetic testing:** It is best that appropriate samples (amniocentesis, skin and/or placental tissue) be obtained at the referring institution and sent directly for analysis
 - Material already sent by the requesting physician
 - Material not sent by the requesting physician and to be sent by CHOP
 - Karyotyping/Genetic testing not required

Additional Notes:

- Any karyotyping or genetic testing requested for a send-out by CHOP pathologist will incur additional cost
- The placenta will be treated as a surgical specimen and therefore CHOP will bill the mother's insurance for the examination
- PAD will be provided within 2 to 4 working days of the autopsy
- Final autopsy report will be provided within 60 working days of the autopsy
- If organs are to be returned to body, neuropathologic examination (brain and/or spinal cord) will not be performed.

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AUTHORIZATION FOR AUTOPSY

Place patient label or complete blanks below:

NAME

SEX M F

Age/Date of Birth

Name of Deceased

I (next of kin): _____, do hereby grant to the authorities of the Children's Hospital of Philadelphia, permission to perform a complete autopsy upon the body of

Deceased: _____, including removal, retention, study and photography of such organs, parts of organs, or tissues as are deemed necessary or desirable by the proper examining physician in order to determine the cause of death or for use in the medical research and teaching. I understand that this authority includes permission for removal of the brain and eyes, unless specifically exempted below, and that these examinations will not preclude viewing of the body. I also understand that The Children's Hospital of Philadelphia may share information about the deceased with other health care providers who were involved in the deceased's care and with outside labs and specialists to assist us in the performance of the autopsy. The nature of the autopsy examination and the condition in which the body will be delivered to the funeral director have been explained to me.

I assume responsibility to provide the services of a funeral director for the purpose of burial.

This authority shall be limited only by the following express conditions: (list restrictions for autopsy if any)

I certify that I have read and fully understand the above Consent and that all of my questions were answered to my satisfaction.

Signature of Consenting Party and Relationship to Patient

Signature of Physician Obtaining Consent

Date/Time

Printed Name of Consenting Party

Printed Name of Physician

Contact #

IF CONSENTING PARTY IS NOT AVAILABLE TO SIGN THIS FORM:
(Verbal Consent/Phone Consent)

Consenting Party's Name and Relationship to Patient

Means of Obtaining Oral Consent

Date/Time

Signature of Witness to Oral Consent

Signature of Physician Obtaining Oral Consent

Printed Name of Witness to Oral Consent

Printed Name of Physician

Contact #

**Authorization for the release of remains FROM the Children's Hospital
of Philadelphia**

We _____
(Next of kin first and last name, printed)

Hereby authorize The Children's Hospital of Philadelphia to release the remains of:

(Patient First and Last Name, printed)

To: _____
(Funeral Home/Transportation Service)

Funeral Home/Transportation service phone # _____

Authorized by _____ Phone # _____
(First and Last Name of person completing form, printed)