**Autopsy**

**General Policies:** A request for an autopsy will generally be accepted if the following conditions are met:

- The deceased was admitted to Little Company of Mary Hospital at time of death
- Investigation of cause of death does not fall under jurisdiction of the Cook County Medical Examiner (see "Medical Examiner’s Cases" below)
- A valid autopsy consent, as described below, has been received
- See “Patient Care Services, Expiration Procedure” for additional information.

**Selection of Cases for Autopsy:** The medical staff at Little Company of Mary Hospital believes that autopsies are useful to improve and enhance patient care. In general, autopsies may be helpful to:

- Find the probable cause of death
- Corroborate or correct antemortem clinical diagnoses
- Help reconstruct the sequence of major pathophysiological events leading to death
- Inform and educate staff physicians concerned with care of deceased patient
- Provide data for hospital Performance Improvement and Medical Education Programs

As approved by the Medical Executive Committee, a postmortem examination should be encouraged in the following specific circumstances:

- Unexpected or unexplained deaths that are apparently natural and not subject to the jurisdiction of the Medical Examiner’s Office and cause of death is not known with reasonable certainty on clinical grounds
- Deaths in which autopsy may help to explain unknown and unanticipated medical complications
- Deaths in which autopsy may help to allay concerns of and provide reassurance to the family or would disclose a known or suspected illness that may have a bearing on survivors or recipients of transplanted organs
- Deaths which are unexpected or unexplained during or following any dental, medical, or surgical diagnostic procedures and/or therapies
- Obstetric deaths
- Natural deaths on inpatients that are subject to, but waived by, Medical Examiner’s Office, such as persons dead on arrival at hospital; deaths occurring in hospital within 24 hours of admission or following a surgical procedure; and deaths in which patient sustained or apparently sustained an injury while hospitalized
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**Medical Examiner’s Cases:** Whenever a person dies of causes involving any degree of “accident, casualty, medical attention” while undergoing surgery or during anesthesia, the case must be referred to the office of Medical Examiner for disposition. This definition is very broad and places may deaths under the jurisdiction. A more detailed list of these cases is available on request. If Medical Examiner should choose not to have an autopsy done or investigate further the circumstances of death, the case technically remains within his jurisdiction.

**Permission:** Permission to perform an autopsy requires a properly completed consent form signed by next of kin with legal authority to grant permission and at least 1 witness. When permission is granted by telephone, 2 witnesses must attest by signature that they heard the person identified on the consent form as next of kin, give permission for the autopsy.

Only persons listed below, in the order of the listing, have power to authorize autopsy:

- Agent under a durable power of attorney for health care (unless power of attorney excludes autopsy permission) or other advance directive
- Surviving spouse (even if estranged or separated)
- Adult (> or =18 years of age) son or daughter
- Either parent
- A dult brother or sister
- Other adult relative
- Close friend by affidavit

Where 2 or more persons have an equal right to sign the consent, authorization of only 1 is required, provided that all are notified of decision and have reasonable opportunity to object. If, however, any 1 of the persons in this class objects to the autopsy, it may not be performed. If the deceased is known to have advance directives regarding disposition of his/her body or any of its parts which is in conflict with the autopsy, the autopsy should not be executed.

The power to authorize an autopsy on a child (minor) resides with both parents. If divorced, the power to authorize an autopsy resides with the parent who has legal custody. It is generally unwise to proceed with postmortem examination of a child without written consent from both parents.
Any limitations to the autopsy should be clearly listed on the permission and will be strictly adhered to by the pathologist. All refusals to grant permission for an autopsy should be documented in the physician/nursing notes.

Autopsies on Stillborn and Aborted Fetuses: Examination of all fetuses that have a weight \( \geq 500 \text{ g} \), are \( \geq 28 \text{ cm} \) long (crown-heel), and/or have a gestational age of \( \geq 20 \text{ weeks} \) is performed by postmortem examination. For fetuses \(<500 \text{ g}, <28 \text{ cm} \) long (crown-heel), or \(<20 \text{ weeks} \) of gestational age, it is preferable to examine the body as a routine surgical specimen. Under these circumstances it is not necessary to have an autopsy permit. If there is a question, consult a pathologist.

Rejection of a Request for Autopsy: Request for an autopsy, in which a valid consent is obtained, may be rejected for the following reasons:

- The presence of certain infectious diseases in the body which are believed to present a significant threat to prospector and assistant (e.g., suspected or known cases of HIV, tuberculosis, Jakob-Creutzfeldt disease, and undiagnosed encephalopathies), and for which inadequate protective facilities are available.
- Recent premortem injection or deposit of therapeutic doses of radioisotopes.

Autopsies on Patients Who Die Outside of the Hospital: It is the general policy of the hospital that autopsies are not done on patients who die outside the hospital except when patient had recently, previously been treated at Little Company of Mary Hospital or was under the care of a member of the medical staff. In all cases, special permission must be obtained from a pathologist and the next of kin must provide a signed, witnessed consent form as outlined above. Additionally, appropriate clinical records and information must be provided.

Time Schedules: While every effort will be made to complete the autopsy in a timely manner and to accommodate the needs of deceased’s family regarding funeral arrangements, some complex cases may require additional time. In general, once a properly executed permit is obtained, most autopsies will be completed within 24 hours, excluding weekends and holidays.

Reports: A report of preliminary diagnosis based on gross examination will be prepared for the medical record and attending physicians and issued within 24 to 48 hours after the autopsy is completed. Final reports will be issued 30 days after the autopsy is completed unless special circumstances require extended study. Copies of the autopsy report for relatives of the deceased who granted permission to do the postmortem examination can be obtained by written request to the Medical Record Department at Little Company of Mary Hospital.

The autopsy findings will be incorporated into the hospital-wide Medical Performance Improvement and Continuing Medical Education Programs.

Cytopathology—Cervicovaginal (Pap) Smears: The laboratory processes specimens submitted for the ThinPrep® Pap Test™ preparation technique. See the respective tests for individual details.

Cytopathology—Fine-Needle Aspiration (FNA): A staff pathologist is available to perform FNA biopsies on all superficial, palpable masses. Procedures requiring radiologic guidance should be arranged for through Radiology. Please call 708-229-5817 to schedule an appointment.

Intraoperative Consultation (Frozen Section): When an intraoperative consultation on a specimen is required, tissue should be submitted to the laboratory fresh with accompanying requisition indicating a frozen section is requested. A pathologist is routinely available for intraoperative consultation and immediate examination of surgically removed tissue daily (Monday-Friday, excluding Holidays) from 8 a.m. to 5 p.m. At other times when it is anticipated a frozen section may be needed, the pathologist on call will respond to requests and should be contacted with as much advance notice as possible.

Outside Consultations: The Department of Laboratory Medicine and Pathology is the legal custodian of all material submitted for examination, including gross tissue, histologic and cytologic microscopic slides, and paraffin blocks. This material is retained for the time specified in the current Test Catalog (see “Record and Specimen Retention Guidelines” in “General Information”). Because this material is the primary source on which interpretations and diagnoses are based, the pathologists and the hospital have an equal interest in maintaining the integrity of this material. However, the patient has a right to “benefit” from this material. The following guidelines aim to fairly serve the interests of all concerned parties.
Consults Initiated by a Staff Pathologist: A staff pathologist may ask for a consultation from an outside source primarily for diagnostic/confirmatory purposes and/or to augment diagnostic data with tests or procedures not available in the laboratory. The primary source of consultation is Mayo Medical Laboratories. The policy is in place to promote efficiency and reduce chance of error that might result from use of multiple consultants. Other consultants may be utilized, at the discretion of the pathologist.

Consults Requested by Clinicians or Patients (Second Opinion): If a clinician or patient wishes to obtain an outside consultation, a properly completed waiver (release) form must be completed and signed by patient or his/her guardian before reports or materials can be distributed. Name and address of the physician to whom material is to be sent are required. Material is generally not given directly to patient, but sent to physician designated in release form or, if under subpoena, to designated party.

In general, original materials (histologic and cytologic slides and paraffin blocks) are always retained in the laboratory. For histology specimens, recut slides are made and reviewed by the pathologist to confirm that they show the same features as the “original” slides. Material that cannot be duplicated (such as small biopsies, Pap smears, and other cytology specimens) is sent with a special letter reminding recipient to return material promptly. All material that is sent out is carefully monitored and followed-up so that integrity of laboratory’s files is maintained.

Legally motivated requests are handled in a similar fashion, but attorneys for the hospital and the pathologists’ insurance carrier are notified before any action is taken.

Routine Surgical Pathology

General Policies: All tissue (excluding some placentas, foreign bodies, medical devices, and calculi) surgically removed from hospital patients must be sent to Surgical Pathology with an appropriately completed surgical pathology requisition. When foreign bodies or medical devices are removed and not sent to Pathology, their removal and disposition must be clearly documented in the medical record. Special analyses are performed as required. The report and other information about every specimen received is archived within the computer system for quick retrieval and report generation.

Written reports are routinely issued within 24 hours of specimen receipt. Exceptions to this include those specimens received on Saturday, Sunday, the day before a holiday, or too late in the afternoon for adequate fixation to take place prior to processing. In those instances where consultation, additional sections, or special stains and/or studies are needed, at the discretion of consulting pathologist, a preliminary report will be issued with an explanation for the delay.

Fetus and Stillborn Examination: Examination of fetuses that have a weight > or =500 grams and are > or =28 cm long (crown-heel), and/or have a gestational age of > or =20 weeks is performed by postmortem examination; in these circumstances, a valid autopsy consent must be provided, as outlined below. For fetuses <500 grams, <28 cm long (crown-heel), or <20 weeks of gestational age, the body will be examined as a routine surgical specimen.

Fixation of Specimens: Routine pathology specimens should be placed in 10% neutral-buffered formalin, which is supplied. Volume of fixative should be at least 10 times the volume of specimen to be fixed. All fresh (unfixed) tissue should be clearly labeled as such on specimen requisition. For fresh specimens, see below. Specimens too big for available plastic containers should be placed into doubled biohazard bags before delivery to the laboratory. After double-bagging in biohazard bags, limbs and fetuses are put into morgue refrigerator with requisition sent to laboratory.

Fresh (Unfixed) Specimens: Certain specimens should be sent to the laboratory immediately, unfixed. Any specimen submitted fresh should be clearly labeled as such. When specimen is submitted on gauze, only saline-moistened Telfa® pads should be used; dry gauze rapidly dehydrates tissue, seriously affecting histologic interpretation, and should never be used. These specimens include, but are not limited to the following:

- Tissue for possible frozen section examination
- Lymph nodes/thymus for diagnostic purposes
- Muscle and nerve biopsies
- Skin biopsies for immunofluorescence purposes (may also be submitted in special fixative supplied)
- Tissue for chromosome analysis
- Uteri removed for endometrial carcinoma

At the discretion of submitting physician, other circumstances may dictate fresh submission. Specimens should not be left unfixed overnight unless specifically directed to do so by a pathologist.

Special Surgical Pathology Procedures: Certain procedures require notification of the pathology laboratory beforehand so that proper fixatives and other special
transport requirements can be arranged. Since many of these procedures also require immediate transportation to the testing facility, all specimens should be received in the laboratory before 1:30 p.m. These procedures include:

- Muscle biopsy
- Kidney (renal) biopsy
- Nerve biopsy
- Skin samples for immunofluorescence study
- Tissue for electron microscopy
- Bone marrow for leukemia immunophenotyping (flow cytometry)
- Skin for leukocyte immunophenotyping (mycosis fungoides, etc.)

For additional instructions, refer to the Test Catalog under specific procedures or contact laboratory for additional information.