

NIH RECOVER: A Multi-site Pathology Study of Post-Acute Sequelae of SARS-CoV-2 Infection
Autopsy Consent Form

A. Patient Information

Name of Decedent	Date of Birth:
Name of Hospital/Institution:	Date and Time of Death:
Institution Contact Name and Telephone:	

B. Attestations

1. I have received the “Autopsy Information Sheet” and I understand that I have the right to arrange for the autopsy to be performed elsewhere but prefer to have it performed as part of the RECOVER Initiative’s research study.
2. I agree to the removal, examination, and retention of organs, tissues, prosthetic devices, and fluids that the pathologists deem proper for diagnostic, educational, quality improvement, and research purposes.
3. I understand that this consent does not extend to the removal or use of any of these materials for transplantation or similar purposes, which requires a separate permission.
4. I understand that organs and tissues needed for the research study will be de-identified and sent to a biorepository for processing and storage.
5. I understand that organs and tissues not needed for diagnostic, educational, quality improvement, or research purposes will be sent to the funeral home with the decedent.
6. I understand that I may place some limitations on both the retention of organs and the extent of the autopsy. I understand that any limitations may compromise the diagnostic value of the autopsy or may limit the usefulness of the autopsy for education, quality improvement, or research purposes.
7. I agree to the eventual disposition of retained materials as determined by the pathologists or the standards of the institution.
8. I understand that any diagnostic information gained from the autopsy will become part of the deceased hospital medical record.

9. I understand that protected health information from the decedent's electronic medical record will be stored in a national database for the life of the study.
10. I understand that the clinical autopsy report includes protected health information and as a result, the same rules of privacy and confidentiality that apply to medical records of living patients also apply to autopsy examinations and reports.
11. Because I am authorized by law to consent to the autopsy on behalf of the deceased, I understand that I have the right to have a copy of the clinical autopsy report (preliminary and/or final) sent to me, and that it is preferable to review the findings with a clinician.
12. I understand that I will be asked whether I want the clinical autopsy report sent to me when I sign the consent for the clinical autopsy procedure. I understand that I will not receive research results.
13. I also understand that genetic or examination findings from the RECOVER study may result from future research using my relative's de-identified specimens, but those results will not be shared with me. However, I understand that study outcomes may help others in the future.
14. I understand that protected health information may be shared with authorized individuals as part of the RECOVER research study.
15. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the autopsy and I have been provided the RECOVER autopsy Information Sheet for families.

C. Consent

Name:	Relationship to deceased:
Signature	Date:
<input type="checkbox"/> Full autopsy	
<input type="checkbox"/> Limited autopsy (describe)	
<input type="checkbox"/> Organ retention (select if NOK wishes to have organs returned)	

Consenter and Witness Signatures (the consenter and witness must be present for the entire consent process, and both must confirm voluntary consent of next of kin)

Clinical personnel name:	Witness name:
Clinical personnel signature:	Witness signature:
Date:	Date:

Consent by telephone (the witness must independently ask and confirm the consent)

Clinical personnel name: Phoebe Del Bocci	Witness name:
Clinical personnel signature:	Witness signature
Date:	Date: