

Worksheet for Adult Autopsy

Autopsy Number _____

Hospital Number _____

Name _____

Body Identification _____

Race _____ Sex _____

Date of Birth _____

Date / Time of Death _____

Autopsy Authorized By _____

Autopsy Type: FULL PARTIAL _____

Post Mortem Interval _____

Pathology Attending _____

Pathology Resident _____

Autopsy Technician _____

MEDICAL CASES

Unit # _____

Admission Date _____

In-Patient Attendant _____

Inpatient Resident _____

FORENSIC CASES

Investigating Department _____

Coroner _____

Cause of Death _____

Due To _____

Due To _____

Organs	Weight
Total Body	
Thymus	
Heart	
R Lung	
L Lung	
Liver	
Gallbladder	
Pancreas	
Spleen	
Adrenals	
R Kidney	
L Kidney	
Brain	

Heart	Cm
Left Ventricle	
Right Ventricle	
Tricuspid Valve	
Pulmonic Valve	
Mitral Valve	
Aortic Valve	

Fluids	cc
Gallbladder	
Urinary Bladder	
Stomach	

Hair Length	
Teeth Repair	
Eye Color	

Cassettes
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)
11)
12)

