

## Worksheet for Infant Autopsy

Autopsy Number \_\_\_\_\_  
 Mother Name \_\_\_\_\_  
 Hospital Number \_\_\_\_\_  
 Infant Name \_\_\_\_\_  
 Hospital Number \_\_\_\_\_  
 Race \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Date / Time of Birth \_\_\_\_\_  
 Birth Weight \_\_\_\_\_  
 Date / Time of Death \_\_\_\_\_

Post Mortem Interval \_\_\_\_\_  
 Post Natal Age \_\_\_\_\_  
 OB Service \_\_\_\_\_  
 Pediatric Service \_\_\_\_\_  
 Pathology Attending \_\_\_\_\_  
 Pathology Resident \_\_\_\_\_  
 Gestational Age (By Date) \_\_\_\_\_  
 Gestational Age (By Exam) \_\_\_\_\_  
 Placenta Number \_\_\_\_\_

Measured Lengths	Length	Age
Crown Heel		
Crown Rump		
Head Circumference		
Thorax Circumference		
Abdomen Circumference		
Inner Canthal Length		
Outer Canthal Length		
Arm Span		
Pinna Length		
Foot		
Hand		
Internipple		
Anterior Fontanel		
Posterior Fontanel		
Umbilical Cord (Fetus)		
Umbilical Cord (Placenta)		
Number of Coils		CW / CCW
Placenta Dimensions		

X-Ray Measurements	Length
Femur	
Humerous	
Biparietal Diameter	
Number of Ribs	

Weights	Weight	Age
Total Body		
Thymus		
Heart		
R Lung		
L Lung		
Liver		
Pancreas		
Spleen		
Adrenals		
R Kidney		
L Kidney		
Brain		
Placenta		
Diaphragm		

Ossification Centers	Present
Talus	
Calcaneous	
Ischium	
Pubis	
Distal Femur	
Teeth (Maxilla)	
Teeth (Mandible)	

## Cassette Summary

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	