

MEDICAL RECORD

AUTOPSY PROTOCOL

DATE AND HOUR DIED	A.M.	DATE AND HOUR AUTOPSY PERFORMED	A.M.	CHECK ONE		
	P.M.		P.M.	FULL AUTOPSY	HEAD ONLY	TRUNK ONLY
PROSECTOR	ASSISTANT					

CLINICAL DIAGNOSIS *(Including operations)*

PATHOLOGICAL DIAGNOSIS

APPROVED - SIGNATURE

MILITARY ORGANIZATION <i>(When required)</i>			AGE	AUTOPSY NO.
RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)</i>			REGISTER NO.	WARD NO.

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