I. SUMMARY OF INVESTIGATION AND AUTOPSY
(To be completed by the Medical Examiner/Pathologist)

This form does not constitute a release of tissue for transplantation. The information provided here is based upon review of history and information provided to the Medical Examiner/Pathologist at the time of the examination in addition to any observed physical findings noted during the pathological examination and/or supplementary test results. The Musculoskeletal Transplant Foundation also seeks history and medical information directly from next-of-kin, physicians, and other sources, as may be appropriate, in order to reach a conclusion regarding use of tissue for transplantation.

MTF Donor NUMBER or Donor NAME

DATE OF DEATH

FINAL CAUSE OF DEATH

II. Does the history or pathologic findings suggest any of the following?

☐ NO HIV infection, viral hepatitis, or other transmissible diseases ☐ YES

☐ NO Evidence of injection drug abuse or active STDs ☐ YES

☐ NO Infection involving the musculoskeletal system (e.g., TB, osteomyelitis, etc.) ☐ YES

☐ NO Active systemic infection(s) ☐ YES

☐ NO Malignancy or hematologic disorders ☐ YES

☐ NO Serious autoimmune or connective tissue diseases (e.g., Rheumatoid Arthritis, Lupus, etc.) ☐ YES

☐ NO Degenerative neurologic disorders (e.g., “slow viral disease”, CJD, Alzheimer’s, etc.) ☐ YES

☐ NO Other: ____________________ ☐ YES

III. Have any SPECIMENS been sent for ANY of the following?

TOXICOLOGY ☐ NO ☐ YES If YES, results were: ☐ NEGATIVE OR ☐ POSITIVE*

*If Positive, please list:

HISTOLOGY ☐ NO ☐ YES If yes, results were reviewed and are reflected above.

NEUROPATHOLOGY ☐ NO ☐ YES If yes, results were reviewed and are reflected above.

OTHER ☐ NO ☐ YES (If yes, please list/explain)

IV. **This report summarizes the findings of the Medical Examiner/Pathologist, indicating that all findings have been reviewed and that there are no PENDING or outstanding test results of this pathological examination.

Signature of ME/Pathologist

PRINT Name of ME/Pathologist

Date of Report