Forensic Autopsy Performance Standards

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National Association of Medical Examiners
2026

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Preface

Efforts by the National Association of Medical Examiners (NAME) to promulgate practice standards began in the 1970s. These early efforts subsequently became focused on the operational aspects of medical examiner offices, resulting in the well-known NAME Office *Accreditation Checklist*. More recently, some members suggested that the time was ripe for standards that address the professional aspects of individual death investigations. Then-President Michael Bell appointed his committee to draft such standards, which were passed by the general membership in 2005.

The principal objective of these standards is to provide a constructive framework that defines the fundamental services rendered by a professional forensic pathologist practicing their art. Many forensic pathologists will exceed these minimal performance levels and are encouraged to do so.

NAME recognized that certain standards may not be applicable where they conflict with federal, state, and local laws. Deviation from these performance standards is expected only in unusual cases when justified by considered professional judgment.

National Association of Medical Examiners
Standards Committee
October 20, 2025

Terms and Definitions

Autopsy

An examination and dissection of a dead body by a physician for the purpose of determining the cause, mechanism, or manner of death, the seat of disease, confirming the clinical diagnosis, obtaining specimens for specialized testing, retrieving physical evidence, identifying the decedent, or educating medical professionals and students.

Cause of Death

The underlying disease or injury responsible for setting in motion a series of physiologic events culminating in death.

Direct Supervision

Supervision of personnel performing actions in the immediate presence of the supervisor.

Forensic Autopsy

An autopsy performed pursuant to statute, by or under the order of a medical examiner or coroner, or other statutorily designated individual.

Forensic Pathologist

A physician who is certified in forensic pathology by the American Board of Pathology or who, prior to 2006, has completed a training program in forensic pathology that is accredited by the Accreditation Council on Graduate Medical Education or its international equivalent or has been officially "qualified for examination" in forensic pathology by the ABP.

Forensic Pathologist's Representative

Any individual who carries out duties under the direction or authority of the forensic pathologist. Individuals performing these various duties may range from technicians to licensed physician medical examiners, and may be law enforcement or crime laboratory technicians.

Manner of Death

A simple system for classifying deaths based in large part on the presence or absence of intent to harm, and the presence or absence of violence, the purpose of which is to guide vital statistics nosologists to the correct external causation code in the International Classification of Diseases. The choices are natural, accident, homicide, suicide, undetermined/could not be determined/unclassified/indeterminate, and in some jurisdictions, therapeutic complication.

Medicolegal Death Investigation Officer

An individual who is a forensic pathologist, coroner, or medicolegal death investigator.

Medicolegal Death Investigator

An individual who is employed by a medicolegal death investigation system to conduct investigations into the circumstances of deaths in a jurisdiction.

Pathologist-in-Training

A physician (resident or fellow) who is in an ACGME-accredited training program in Anatomic or Forensic Pathology (including combined residency programs that include Anatomic Pathology).

Section A: Medicolegal Death Investigation

The purpose of this section is to define responsibility for medicolegal death investigation and to outline the types of cases that are to be investigated by such systems. Investigations can be conducted by inquiry with or without examination. Inquiries are typically conducted via telephone interview, personal interview, or review of records. Examination may include scene investigation, external inspection, and forensic autopsy.

Standard A1: Responsibilities

Medicolegal death investigation officers, be they appointed or elected, are charged by statute to investigate deaths deemed to be in the public interest, serving the justice system at large, public health, and the community. These officials must investigate cooperatively with, but independent from, law enforcement, prosecutors, and other stakeholders. The parallel, independent investigation by medicolegal death investigation officers fosters neutral and objective medical assessment of the cause and manner of death and prevents undue interference.

To promote competent and objective death investigations:

A1.1 Medicolegal death investigation officers are expected to be neutral and shall operate independently and objectively without undue influence from society, other government entities (e.g., law enforcement, legal professionals, appointed civil servants, and politicians) and private entities (e.g., funeral homes, families, or personal relationships).

A1.2 A medicolegal death investigation officer shall evaluate the circumstances surrounding all deaths reported to them.

Standard A2: Initial Inquiry

Medicolegal death investigators assess each death reported to the office to determine whether it falls under their jurisdiction as outlined by statutes, rules, and/or regulations. The categories below are those which should receive further investigations to protect the public safety and health, and determine the cause and manner of death.

The forensic pathologist or representative shall investigate all:

A2.1 deaths due to apparent violence.
A2.2 known or suspected non-natural deaths.
A2.3 unexpected or unexplained deaths of those in apparent good health.
A2.4 unexpected or unexplained deaths of infants and children under the age of 18 years.
A2.5 deaths occurring under unusual or suspicious circumstances.
A2.6 deaths of persons in custody of a local, state, or federal institution.
A2.7 deaths known or suspected to be caused by diseases constituting a threat to public health.
A2.8 deaths of persons not under the care of a physician or other non-physician provider who is authorized to sign a death certificate.

Section B: Forensic Autopsies

The purpose of this section is to establish minimum standards for the selection of cases requiring forensic autopsy, who should perform the autopsies, need for special dissection or testing, and who is responsible for interpretations and formation of opinions.

Standard B1: Selecting Cases Requiring Forensic Autopsies

Medicolegal death investigation officers are appointed or elected to safeguard the public interest. Deaths by criminal violence, deaths of infants and children, and deaths in the custody of law enforcement agencies or governmental institutions can arouse public interest, raise questions, or engender mistrust of authority. Further, there are specific circumstances in which a forensic autopsy provides the best opportunity for adequate investigation, including cases involving unidentified persons, bodies in water, charred or skeletonized bodies, intoxicants or poisonings, electrocutions, apparently unexplained pediatric deaths, and fatal workplace injuries. Performing autopsies in these circumstances protects the public interest and provides the information necessary to address legal, public health, and public safety issues in each case. For categories other than those listed below, the decision to perform an autopsy involves professional discretion or may be dictated by local guidelines. For the categories listed below, the public interest is so compelling that one must always assume that questions will arise that require information obtainable only by competent forensic autopsy.

A forensic autopsy shall be performed when:

B1.1 the death is caused by apparent inflicted injury.
B1.2 the death is unexpected and unexplained in an infant or child under the age of 18 years.
B1.3 the death is associated with law enforcement action.
B1.4 the death is unexpected or apparently non-natural and occurs in the custody of a local, state, or federal institution.
B1.5 the death is due to an apparent acute workplace injury, unless antemortem medical evaluation adequately documents the findings and issues of concern which would otherwise necessitate a forensic autopsy.
B1.6 the death is caused by apparent electrocution, unless antemortem medical evaluation adequately documents the findings and issues of concern which would otherwise necessitate a forensic autopsy.
B1.7 the death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented, or if sufficient medical evidence exists to account for a cause of death if the toxicology results are negative or noncontributory.
B1.8 the death is caused by apparent or unwitnessed drowning, unless antemortem medical evaluation adequately documents the findings and issues of concern which would otherwise necessitate a forensic autopsy.
B1.9 the body is unidentified and the autopsy may aid in identification.
B1.10 the body is skeletonized.
B1.11 the body is charred.

B1.12 the forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death, document injuries/disease, collect evidence, or adequately document findings and issues of concern.
B1.13 the death is associated with a motor vehicle incident and an autopsy is necessary to document injuries and/or determine the cause of death.

Standard B2: Forensic Autopsy Performance

Performance of a forensic autopsy is the practice of medicine, which includes the discretion to identify and perform appropriate dissection techniques and request/order additional ancillary studies, consultations, and laboratory tests as dictated by the needs of the individual case. A forensic autopsy must be conducted by a licensed physician who is a forensic pathologist or a pathologist-in-training. Responsibility for all facets of the forensic autopsy including additional studies, ancillary testing, and consultations rest with the forensic pathologist, who must directly supervise other individuals involved in the forensic autopsy. Allowing individuals who are not forensic pathologists to conduct forensic autopsy procedures without direct supervision and guidance may result in serious errors and/or omissions.

Autopsies shall be performed as follows:

B2.1 the forensic pathologist or pathologist-in-training shall perform all autopsies.
B2.2 the forensic pathologist shall directly supervise all individuals involved in the forensic autopsy.
B2.3 the forensic pathologist or pathologist-in-training shall perform all dissections of removed organs.
B2.4 the forensic pathologist shall determine the need for special dissections or additional testing.
B2.5 the forensic pathologist shall not perform more than 325 autopsies in a year (the recommended maximum number of autopsies is 250 in a year).

Standard B3: Interpretation and Opinions

Interpretations and opinions must be formulated only after consideration of available information and only after reasonable attempts to obtain all necessary information have been exhausted.

Autopsies shall be performed as follows:

B3.1 the forensic pathologist shall review and interpret all laboratory results they requested.
B3.2 the forensic pathologist shall review all ancillary and consultative reports the forensic pathologist requested.
B3.3 the forensic pathologist shall review the investigative reports, medical records, medications, and scene imagery that the forensic pathologist deems relevant in their professional opinion.
B3.4 the forensic pathologist shall determine the cause of death.

Section C: Identification

The purpose of this section is to establish procedures for sufficient identification of the deceased, to document information needed to answer questions that may later arise, and to archive information needed for putative identification before burial of unidentified remains.

Standard C1: Standard Identification Procedures

Methods of identification are determined on an individual case basis, but can include viewing of the remains, either directly or by photograph, and comparison of dentition, fingerprints, or imaging studies. A photograph of the face, labeled with the case number, documents and preserves the appearance at the time of identification. The same photograph can also be used to minimize and prevent potential errors when multiple fatality incidents occur. When more traditional methods fail in the determination of identification, a routinely-obtained DNA sample may be used to link the remains either to a known antemortem or kindred sample. In addition, a DNA specimen may be important for later questions of identity, potential familial genetic analysis, or as evidence. Preservation of all data used to determine identification is necessary to address potential questions and enable a secondary determination of identification.

In support of identification of the body:

C1.1 the forensic pathologist shall assess the adequacy of information utilized for identification.
C1.2 the forensic pathologist or representative shall take identification photographs with the case number in photograph.
C1.3 the forensic pathologist or representative shall obtain and archive a specimen for DNA on all examined cases.

Standard C2: Procedures Prior to Disposition of Unidentified Bodies

Prior to final disposition of unidentified remains, inventory and archiving of potentially useful objective data are required. A forensic autopsy can disclose medical conditions useful for identification. Full-body radiographs documents skeletal characteristics and radio-opaque foreign bodies such as bullets, pacemakers, and artificial joints. Dental charting and radiography preserve unique dental characteristics. The documentation of a decedent's clothing and personal effects archives details that may be familiar to the next-of-kin. Careful preservation and documentation provide an objective basis for future identification and may prevent the need for exhumation.

Prior to final disposition of an unidentified body, the forensic pathologist or pathologist-in-training shall:

C1.1 perform a forensic autopsy.
C2.2 obtain and review radiographs of the entire body.
C2.3 have the dentition radiographed and charted.
C2.4 document the clothing and personal effects.
C2.5 have fingerprints collected if the condition of the body permits it.

C2.6 have a specimen for DNA collected and archived.

Section D: External Examination—General Procedures

The purpose of this section is to establish minimum standards for the external examination of all bodies.

Standard D1: Preliminary Procedures

These standards underscore the need for assessment of all available information prior to the examination to (1) help inform the type and scope of examination including collection of evidence, (2) answer specific questions unique to the circumstances of the case, (3) document the initial external appearance of the body, and its clothing and property items, and (4) correlate alterations in these items with injury patterns on the body. Just as a surgeon does not operate without first preparing a history and physical examination, so must the forensic pathologist gather and review available history and circumstances prior to examination. Additionally, the forensic pathologist may need to inspect the body to decide whether a forensic autopsy is indicated and to direct the forensic autopsy toward relevant case questions.

Preliminary procedures are as follows:

D1.1 the forensic pathologist shall review the circumstances of death prior to forensic autopsy.
D1.2 the forensic pathologist or representative shall photograph the decedent as presented.
D1.3 the forensic pathologist or representative shall remove clothing.
D1.4 the forensic pathologist or representative shall identify and collect trace evidence as deemed necessary, with special attention to apparent cases of inflicted injury.
D1.5 the forensic pathologist shall document and correlate findings on clothing with injuries of the body in apparent cases of inflicted injury.
D1.6 the forensic pathologist or representative shall photograph or otherwise document clothing and personal effects.
D1.7 the forensic pathologist or representative shall measure and record body length and weight.
D1.8 the forensic pathologist shall examine the external aspects of the body before internal examination.

Standard D2: Physical Characteristics

The external examination documents identifying features, signs of or absence of disease and trauma, and signs of death. Recording identifying features provides evidence for or against a putative identification. Recording signs of disease and trauma is a primary purpose of the forensic autopsy.

The forensic pathologist shall:

D2.1 document whether the decedent's appearance is consistent with their reported age.
D2.2 describe abnormal body habitus.
D2.3 describe phenotypic sex.
D2.4 describe hair.
D2.5 describe eyes.
D2.6 document presence or absence of dentition.
D2.7 document prominent scars, tattoos, skin lesions, and amputations.
D2.8 document evidence of medical or surgical intervention.
D2.9 inspect and describe head, neck, thorax, abdomen, genitals, and extremities, to include posterior body surfaces.

Standard D3: Postmortem Changes

Describing postmortem changes will provide information that may help answer subsequent questions regarding issues such as time and location of death.

The forensic pathologist shall:

D3.1 describe rigor mortis.
D3.2 describe livor mortis.
D3.3 describe decompositional changes.
D3.4 describe evidence of funerary preparation/embalming.
D3.5 describe evidence of organ/tissue procurement.

Section E: External Examination—Specific Procedures

The purpose of this section is to establish minimum standards for external examination of bodies with documentation of injuries or suspected sexual assault.

Standard E1: Suspected Sexual Assault

In cases of suspected sexual assault, collection of swabs, combings, clippings, and trace evidence may be necessary to 1) determine if sexual assault occurred; 2) link multiple, apparently unrelated deaths; or 3) link a person to or exclude a person from the death. DNA analysis is now the test of choice on swabs, hair, and fingernail clippings.

The forensic pathologist or representative shall, prior to cleaning the body:

E1.1 collect swabs of oral, vaginal, and rectal cavities.
E1.2 collect pubic hair combings or tape lifts.
E1.3 collect fingernail swabs, scrapings, and/or clippings.
E1.4 collect pubic and head hair standards.
E1.5 identify and collect foreign hairs, fibers, and samples of biological stains, when present.
E1.6 collect all of the aforementioned items in accordance with the requirements of the crime laboratory's procedures.

Standard E2: Injuries—General

Documentation of injuries may be necessary to determine the nature of the object used to inflict the wounds, how the injuries were incurred, and whether the injuries were a result of an accident, homicide, or suicide. Written, diagrammatic, and photographic documentation of the injuries may be used in court. Observations and findings are documented to support or refute interpretations and to serve as a record.

The forensic pathologist shall:

E2.1 describe injury by type.
E2.2 describe injury by location.
E2.3 describe injury by size.
E2.4 describe injury by shape/pattern.
E2.5 describe injury by color when applicable.

Standard E3: Photographic Documentation of Injuries

Photographic documentation complements written documentation of wounds and creates a permanent record of forensic autopsy details. Photographic documentation of major injuries shall include a reference scale in at least one photograph to allow for 1:1 reproduction.

The forensic pathologist or representative shall:

E3.1 photograph injuries unobstructed by blood, foreign matter, or clothing.
E3.2 photograph major injuries with a scale.

Standard E4: Firearm Injuries

Documentation of firearm wounds as listed below should include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation.

The forensic pathologist or pathologist-in-training shall:

E4.1 describe wound.
E4.2 measure wound size.
E4.3 locate cutaneous wounds of the head, neck, torso, or lower extremities by measuring from either the top of head or sole of foot.
E4.4 locate cutaneous wounds of the head, neck, torso, or lower extremities by measuring from either the anterior or posterior midline.
E4.5 locate cutaneous wounds of the upper extremities by measuring from anatomic landmarks.
E4.6 descriptively locate cutaneous wounds in an anatomic region.
E4.7 describe the presence or absence of gunpowder soot, stippling, tissue searing, a muzzle imprint, marginal abrasions, and/or associated lacerations.

Standard E5: Sharp Injuries

Documentation of sharp injuries as listed below must include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation.

The forensic pathologist or pathologist-in-training shall:

E5.1 describe wound.
E5.2 measure wound size.
E5.3 locate wound in anatomic region.
E5.4 estimate depth of wound.
E5.5 estimate direction of stab wound tracks

Standard E6: Burn Injuries

Documentation of burn injuries as listed below must include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation.

The forensic pathologist shall:

E6.1 describe appearance of burn.
E6.2 describe distribution of burn.

Standard E7: Patterned Injuries

Documentation of patterned injuries as listed below must include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation.

The forensic pathologist or pathologist-in-training shall:

E7.1 describe injury pattern.
E7.2 measure injury.
E7.3 describe location of injury.
E7.4 obtain a swab of apparent recent or fresh bite marks for possible DNA analysis.

Section F: Internal Examination

The purpose of this section is to establish minimum standards for internal examinations. It is recognized that some circumstances may justify a "limited" internal examination, in which case the rationale for such shall be documented.

Standard F1: Head

Because some findings are only ascertained by *in situ* inspection, the scalp and cranial contents must be examined before and after the removal of the brain so as to identify signs of disease, injury, and therapy.

Procedures are as follows:

F1.1 the forensic pathologist shall inspect and describe scalp, skull (outer and inner aspects), and meninges.
F1.2 the forensic pathologist shall document any epidural, subdural, or subarachnoid hemorrhage.
F1.3 the forensic pathologist shall inspect the brain *in situ* prior to removal and sectioning.
F1.4 the forensic pathologist shall document purulent material and abnormal fluids.
F1.5 the forensic pathologist or representative shall remove the dura mater.

Standard F2: Neck

Examination of the muscles, soft tissues, airways, and vascular structures of the anterior neck is important to identify signs of disease, injury, and therapy. Removal and *ex situ* dissection of the upper airway, pharynx, and upper esophagus is a necessary component of this evaluation.

The forensic pathologist or pathologist-in-training shall:

F2.1 examine muscles and soft tissues of the anterior neck *in situ*.
F2.2 ensure proper removal of neck organs and airways, including the tongue.
F2.3 examine and dissect neck organs and airways.
F2.4 dissect the posterior neck in cases of suspected occult neck injury.
F2.5 perform layered anterior neck dissection in cases with apparent inflicted neck trauma.

Standard F3: Thoracic and Abdominal Cavities

Because some findings are only ascertained by *in situ* inspection, the thoracic and abdominal cavities must be examined directly by the forensic pathologist before and after the removal of organs so as to identify signs of disease, injury, and therapy.

The forensic pathologist shall:

F3.1 examine internal organs *in situ.*
F3.2 describe adhesions and abnormal fluids.
F3.3 document position of medical devices.
F3.4 describe evidence of medical intervention.

Standard F4: Internal Organs and Viscera

The major internal organs and viscera must be examined after their removal from the body so as to identify signs of disease, injury, and therapy.

Procedures are as follows:

F4.1 the forensic pathologist or representative shall remove organs from cranial, neck, thoracic, abdominal, and pelvic cavities.
F4.2 the forensic pathologist or representative shall record measured weights of brain, heart, lungs, liver, spleen, and kidneys.
F4.3 the forensic pathologist or pathologist-in-training shall dissect and describe organs.

Standard F5: Penetrating/Perforating Injuries, Including Gunshot and Sharp Trauma

Documentation of penetrating/perforating injuries as listed below must include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation. The recovery and documentation of foreign bodies is important for evidentiary purposes.

The forensic pathologist or pathologist-in-training shall:

F5.1 correlate the internal injury or injuries to the external injury and describe the internal organs and structures injured by the perforating/penetrating object along the wound track.
F5.2 describe the direction of wound.
F5.3 recover and describe foreign bodies of evidentiary value.

Standard F6: Blunt Impact Injuries

Documentation of blunt impact injuries as listed below must include detail sufficient to provide meaningful information to users of the forensic autopsy report, and to permit another forensic pathologist to draw independent conclusions based on the documentation.

The forensic pathologist shall:

F6.1 describe external and internal injuries and correlate when appropriate.
F6.2 describe injuries to skeletal system.
F6.3 describe injuries to internal organs, structures, and soft tissue.

Section G: Ancillary Tests and Support Services

The purpose of this section is to establish minimum standards for the use of scientific tests, procedures, and support services. This section also addresses the need for certain equipment and access to consultants. For toxicology reports, it also specifies the report content needed by the forensic pathologist for interpretation and establishes minimum standards for handling and documenting evidence.

Standard G1: Radiography

Radiographs of infants are required to detect occult fractures, which may be the only physical evidence of abuse. Radiographs detect and locate foreign bodies and projectiles. Charred remains have lost external evidence of penetrating/perforating injury and identifying features.

The forensic pathologist or representative shall:

G1.1 radiograph all infants.
G1.2 radiograph explosion victims.
G1.3 radiograph gunshot victims.
G1.4 radiograph charred remains.
G1.5 radiograph remains when decomposition obscures potential evidence of penetrating/perforating trauma.
G1.6 radiograph sharp trauma victims (exclusive of superficial incised wounds).
G1.7 radiograph all decedents who remain unknown and/or unidentified.

Standard G2: Specimens for Laboratory Testing

Specimens must be routinely collected, labeled, and preserved to be available for needed laboratory tests, and so that results of any testing will be valid. The specimen source must be documented for proper interpretation of results. Blood or other appropriate samples should be collected, whenever possible, for potential genetic testing in sudden deaths without a clear cause of death after review of all available information.

The forensic pathologist or representative shall:

G2.1 collect samples of available blood, urine, and vitreous fluid.
G2.2 collect, package, label, and preserve biological samples.
G2.3 document the anatomic source of all blood specimens.

Standard G3: Histological Examination

Histological examination may reveal pathologic changes related to the cause of death.

The forensic pathologist shall:

G3.1 perform histological examination in cases having no reasonable explanation of the cause of death following scene/circumstance evaluation, forensic autopsy, and toxicology and vitreous fluid analyses (when available for testing), unless the remains are skeletonized or severely decomposed.

Standard G4: Forensic Pathologists' Access to Scientific Services and Equipment

The forensic pathologist requires access to special scientific services, equipment, and expertise. Radiographs, body weights, and organ weights are needed for evaluation of pathologic processes. These must be available during the forensic autopsy. It is not reasonable, practical, or safe to transport bodies or organs to other locations for weighing or imaging.

The forensic pathologist shall have access to:

G4.1 on-site body and organ scales.
G4.2 on-site radiographic equipment.
G4.3 a radiologist.
G4.4 a forensic anthropologist.
G4.5 a forensic odontologist.
G4.6 a histology laboratory.
G4.7 toxicology testing.
G4.8 a clinical chemistry laboratory.
G4.9 a microbiology laboratory.
G4.10 a molecular genetics (DNA) laboratory.

Standard G5: Content of Toxicology Lab Report

In order for the forensic pathologist to correctly understand and interpret toxicology results, the toxicology report must contain certain pieces of information.

The forensic pathologist shall require the toxicologist or the toxicology report to provide the:

G5.1 source of sample.
G5.2 type and methods of testing.
G5.3 test results.

Standard G6: Evidence Processing

Custodial maintenance and chain of custody are legally required elements for documenting the handling of evidence.

The forensic pathologist or representative shall:

G6.1 collect, package, label, and preserve all evidentiary items.
G6.2 document chain of custody of all evidentiary items.

Section H: Documentation and Reports

The purpose of this section includes standards for the content and format of the postmortem record.

Standard H1: Postmortem Examination Report

Postmortem external examination and forensic autopsy reports must be readable, descriptive of findings, and include interpretations and opinions to make them informative. The report typically includes two separate parts of the forensic pathologist's work product: (1) the objective forensic autopsy with its findings including toxicological tests, special tests, microscopic examination, etc., and (2) the interpretations of the forensic pathologist.

The forensic pathologist or pathologist-in-training shall:

H1.1 prepare a written narrative report for each postmortem examination.
H1.2 include the date, place, and time of examination.
H1.3 include the name of decedent, if known.
H1.4 include an identifying case number.
H1.5 include observations of the external and internal examination, when performed.
H1.6 include a separate section to describe injuries.
H1.7 include descriptions of findings in sufficient detail to support diagnoses, opinions, and conclusions.
H1.8 include a list of the diagnoses and may include interpretations in forensic autopsy reports.
H1.9 include cause of death.
H1.10 include the name and title of each forensic pathologist involved in the case.
H1.11 sign and date each postmortem examination report.