MEDICAL RECORD	AUTOPSY PROTOCOL						
DATE AND HOUR DIED		1. DATE AND HOUR AUTOPSY PERFORME			CHECK		
PROSECTOR	P.N	ASSISTANT	P.M.	FULL AUTOPSY	HEAD (ONLY TRUNK ONL	
ROSECTOR		ASSISTANT					
LINICAL DIAGNOSIS (Including	operations)						
ATHOLOGICAL DIAGNOSIS							
DDD OLIFD OLONIA TUDE							
PPROVED - SIGNATURE							
MILITARY ORGANIZATION (When required)				AGE	l a	AUTOPSY NO.	
ILLIAKT OKGANIZATION (WAS	in requirea)			AGE	A	UTUPST NU.	
ELATIONSHIP TO SPONSOR	T	CDONICODIC NAME			le	PONSOR'S ID NUMBER	
RELATIONSHIP TO SPONSOR	LAST	SPONSOR'S NAME FIRST				(SSN or Other)	
	LAST	I IKO			[*"		
					1		

(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

PATIENT'S IDENTIFICATION:

AUTOPSY PROTOCOL Medical Record

REGISTER NO.

STANDARD FORM 503 (REV. 7-2000) Prescribed by GSA/ICMR FPMR(41 CFR) 101-11.203

WARD NO.