Policy: The Office of the Chief Medical Examiner (OCME) is assured adequate supporting services, equipment and facilities to perform autopsy examinations pursuant to DC Code § 5-1403 and 1409.

Purpose: To ensure proper post-mortem examination procedures in accordance with the mission of the Office of the Chief Medical Examiner.

Scope: The following procedures are to assist Medical Examiner physicians to perform proper post-mortem examinations in a safe and secure environment.

1. Neuropathology Consultation
   1.1. Retention of brain for neuropathology consultation should be considered in:
       1.1.1. All babies
       1.1.2. Department of Disabilities Service or any Mental Retardation case
       1.1.3. Degenerative disease of the CNS
       1.1.4. (e.g. Alzheimer’s Disease, Parkinson’s Disease, Amyotrophic Lateral Sclerosis, etc)
       1.1.5. Old spinal cord trauma
       1.1.6. Combined old/new trauma (e.g. old subdural with recent hemorrhage)
       1.1.7. Tumors
       1.1.8. Dementia or CNS symptoms in AIDS cases-not ALL AIDS cases
       1.1.9. “Respirator brain” cases, hypoxic-ischemic encephalopathy.
       1.1.10. Homicidal brain injury
       1.1.11. Basal subarachnoid hemorrhage of undetermined etiology
       1.1.12. History of Seizure Disorder (not terminal seizure)

   1.2. Intact organs are not typically retained, except for purposes of consultation, fixation for optimal dissection and/or (rarely) preservation of organs (commonly the heart or brain) with significant findings.
       1.2.1. At the conclusion of the case, when the fixed organ has been examined or the studies have been completed, the pathologist may release the organ for proper final disposition.

2. Contact Information
   2.1. Brent Harris, MD
       Georgetown University Medical Center
       3800 Reservoir Road, NW
       Washington, DC 20007
       202-444-8525