

- 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**

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