

Autopsy Day

RESPAWN · Period 6A-7B · Supplied illustrative examiner's record (E11), available to all students; nothing claims a student examined a body, an organ, a specimen or ran a station

One autopsy findings sheet

Complete one autopsy findings sheet: Parts A to E plus your case's exhibit log and open question. Use your class's supplied examiner's record. Your work reads a record, calls vital response and keeps interpretation in its own column; it does not claim that you examined a body, an organ or a specimen.

Complete one autopsy findings sheet, Parts A to E plus your case's exhibit log and open question. Hand the paper sheet to Mr. Mendoza before leaving, or submit one PDF to this section's assignment by September 24 at 11:59 PM. Use your period and investigator code. Do not submit twice; keep notebook pages in your notebook.

Supplied illustrative examiner's record (E11), available to all students; nothing claims a student examined a body, an organ, a specimen or ran a station. You are reading a supplied illustrative examiner's record. A record may say less than you would like. Preserve that limit instead of filling the gap.

Findings support or weaken causes of death; the manner still waits for the full picture. One organ's finding is a voice, not a verdict.

[Your Case B D13 assignment](#) · [Daily directions](#)

Five steps

1. Open your own-case handout. Add your period and investigator code. Label it Supplied illustrative examiner's record. Read R1 to R3, answer A1 and A2 from the text, and use the separate practice card if helpful.
2. Complete B1's findings table. The region and the finding are supplied; keep them exactly as written. Write the vital-response call with its sign (Yes, No, Cannot tell, Not applicable) and an interpretation that names the finding it rests on and says what it does not say.
3. Answer B2 and the heart checkpoint. B2 uses a row you marked Yes. B3 traces the path of blood from R3 and works the 350 g in 70 kg practice number, kilograms to grams first, logged as a number without a normal or enlarged label.
4. Write the conference summary and the checks. C1 names three findings, their calls, one citing interpretation each and the sentence that keeps the manner open. Then D1 and E1 to E3. Check that all ten task IDs are complete.
5. In the final ten minutes, complete your exhibit log and submit. Case B writes none released today and the record's open question. Questions, not answers. Hand in the one sheet on paper or as one PDF in your section assignment.

The practice card, the optional check and the short check do not require another upload. Complete Parts A to E and the exhibit log in the one findings sheet.

The 80-minute plan

- 0–10 min (from 0:00), Teacher launch: Identify the one sheet, your case and the paper-record boundary: you read an examiner's record; you did not examine anyone. Begin A1 and A2. Tasks A1, A2.
- 10–25 min (from 0:10), One guided example: Walk the practice card: region in diagram terms, finding copied word for word, call with a sign, interpretation that cites the finding, heart number without a judgment. Finish A1 and A2. Tasks A1, A2.
- 25–50 min (from 0:25), Individual work with teacher support: Complete B1's six-row findings table from your supplied record. Findings stay verbatim. Calls get a sign. Interpretations cite a finding and say what it does not say. Tasks B1.
- 50–70 min (from 0:50), Continue the same sheet: Answer B2, complete the B3 heart checkpoint (the simulation station is open for orientation; R3 is enough to answer) and write C1's conference summary. Tasks B2, B3, C1.
- 70–77 min (from 1:10), Close the record: Complete D1 and E1 to E3. Then log your own case's exhibit exactly as supplied, or write none released today, and write the one open question as a question, not an answer. Tasks D1, E1, E2, E3, exhibit-log.
- 77–80 min (from 1:17), Check and submit: Check all ten task IDs and the exhibit log. Hand in paper or one PDF; keep notebook pages in your notebook. Tasks handoff.

Check and hand in

Your sheet needs six rows with verbatim findings, a call with a sign in every row, an interpretation that cites its finding in every row, B2's time-stamp and limit, B3's path and percent, C1's three findings and open-manner sentence, D1, E1 to E3, and your exhibit log. No invented finding, call, signature, station result, diagnosis or cause of death should be added.

Use your period and investigator code. Do not submit the same sheet twice. Keep notebook pages in your notebook.

Case B: hand the paper sheet to Mr. Mendoza before leaving, or submit one PDF in Wk5 D13 · Autopsy Day (PLTW 1.2.4 and 1.2.5) by September 24 at 11:59 PM.

If you were absent or need help

Use the same supplied-record handout and complete the same product. Its exhibit log is included; work on that section after Parts A to E. You do not need station time, a simulation pass or a specimen to complete the sheet; B3 can be answered from R3. If your teacher separately assigns physical heart or tissue work, complete the Sheep Heart Dissection simulation first and follow the approved instructions. This paper sheet does not complete that practical requirement.

Lost your place? Find the next unanswered task ID and use F1's restart cue. Guided notes and the separate practice card are support, not extra submissions.

Use the same own-case supplied examiner's record and complete the same sheet. Work on the exhibit log after Parts A to E. The heart simulation is optional orientation; B3 can be answered from R3. Do not invent findings, calls, station work, signatures or a cause of death.

If your teacher is absent: Complete the supplied paper-record sheet using the briefing and the practice-card model. Do not begin any physical specimen work. Use the exhibit log after Parts A to E.

R1 / R2. The required briefing

R1. Your one sheet

Complete the autopsy findings sheet, Parts A to E and your case's exhibit log. An autopsy is a medical examination of a body after death. Your class's examiner's record (E11) is supplied on paper. You are reading that record, not examining anyone. The record reports the external documentation as complete; today's pages are the internal examination, organ by organ, with every finding described before it is interpreted.

Read every finding the way you read every exhibit: what does it say, then what does it mean, then what can it not mean. Keep the body region beside its finding. A record may say less than you would like. Preserve that limit instead of filling the gap.

R2. Vital response and the two columns

A finding is what the examiner saw, measured or weighed, written before any meaning is attached. An interpretation is what a finding might mean. It lives in its own column and always names the finding it rests on.

Vital response means signs a wound happened while the person was alive: swelling, bleeding into tissue. A living body responds to injury: it bleeds into tissue, swells, sends inflammatory cells. A wound inflicted after death shows little bleeding and no tissue reaction. Analogy to hold onto: only a running engine leaks oil when punctured. So the wound margins carry a time stamp: with vital response, the injury happened in life; without, after death. That one distinction separates injured and then died from died and then damaged.

Use these four calls in the table:

Two limits stay attached to every call. First, the time stamp says before or after circulation stopped; it does not say how long before death, and it does not say the injury caused death. The practice card's own wording is "consistent with", and yours should be too: the finding fits that explanation and could fit others. Second, an absence finding weakens an idea; it does not prove the opposite. No defensive wounds means no evidence of fending off a person; it cannot prove nobody was present.

Call	When to use it
Yes, with the sign	A wound with bleeding into tissue, swelling or tissue reaction. Name the sign.
No, with the sign	A wound with little bleeding and no tissue reaction. Name the sign.
Cannot tell (not a wound)	An organ state such as swelling, congestion or over-full lungs. It is not a wound, so it has no wound margin to read.
Not applicable (no injury found)	A finding that reports nothing found, such as no fracture or no defensive wounds.

R3 / R4. The heart and the words

R3. The heart you need to know

You cannot judge findings in an organ you have never navigated. The heart has four chambers: right atrium, right ventricle, left atrium, left ventricle. Valves sit between them. The great vessels leave the heart: the aorta from the left ventricle, the pulmonary artery from the right ventricle. The coronary arteries run on the surface and feed the heart muscle itself.

For the checkpoint, trace blood from the body back to the body: it enters the two chambers on the right, goes to the lungs, returns to the two chambers on the left and leaves through the vessel that comes off the left ventricle. Name each stop in order.

The Sheep Heart Dissection simulation on the portal walks this anatomy. It is a digital model for orientation, not a specimen you examined. What you need for this case is orientation: enough anatomy to read the examiner's findings and know which findings matter.

R4. Words in the record

Shared words:

Vital response

Signs a wound happened while the person was alive: swelling, bleeding into tissue. Analogy to hold onto: only a running engine leaks oil.

Edema

Swelling from fluid where it should not be.

Defensive wounds

Cuts or bruises on the hands and forearms from blocking a blow.

Edge-patterned

The wound's shape copies the straight edge that made it. A shared pattern links a wound to a kind of edge; it does not by itself identify one object.

Laryngeal cartilages

The firm rings of the larynx, the voice box at the top of the windpipe.

Mucus plugging

Thick mucus blocking the small air passages.

Laceration

A tear in the skin from a blunt edge.

Grossly unremarkable

Normal to the naked eye, before the microscope.

Consistent with

The finding fits that explanation and could fit others. It is not proof.

Hyoid

The small U-shaped bone high in the front of the neck that a squeezed neck can break. An intact hyoid weakens the idea of a squeezed neck; it does not rule it out.

Ligature furrow

The groove a cord or strap leaves around a neck.

Hyperinflated

Over-full of air.

R5 / R6. The number, the log and the ceiling

R5. The heart number

The record may give an organ mass. Log it as a number. To compare it with body mass, convert kilograms to grams first ($1 \text{ kg} = 1,000 \text{ g}$), then divide the organ mass by the body mass and multiply by 100.

Percent of body mass = organ mass in grams $\div$ body mass in grams $\times$ 100.

The practice card's 330 g heart in a 55 kg person is the model: $55 \times 1,000 = 55,000 \text{ g}$; $330 \div 55,000 = 0.006 = 0.6$ percent. Your B3 checkpoint uses 350 g and 70 kg and needs its own work. Write the percent as a number, not as normal or enlarged; that judgment needs a reference range you were not given. Percent of body mass carries no unit.

R6. The exhibit log, the open question and the ceiling

A useful log keeps the exhibit ID, where it was found and what the record reports, in the record's words. Some days release a new exhibit; some days release none. Either way, the log is a record, not a conclusion.

The claim ceiling for the whole sheet: findings support or weaken causes of death; the manner still waits for the full picture. One organ's finding is a voice, not a verdict. Nothing on your sheet says how the person died.

Your case's exhibit log is completed in the final ten minutes. Follow only the case note that matches your own case; it is printed with your exhibit log.

Case B support: no exhibit today

No exhibit is released today. Write none released today on the log line. The record's own open question is how the airway came to swell; that is not a question today's record answers. Write it as a question. Severe swelling of the larynx and airway lining, mucus plugging and over-full lungs describe an airway narrowed from the inside; they do not establish what triggered it, an exposure, a source, intent or a manner of death. The neck findings report no sign of the airway being closed from the outside; that weakens the idea and does not exclude it.

PLTW connection and optional help

This John Hay original sheet practices reading an examination record, calling vital response, keeping findings and interpretations apart and tracing blood through the heart, connected to PLTW Activities 1.2.4 Histology and 1.2.5 Gross Anatomy of the Heart. It does not certify official activity completion. The complete required explanation is here; the simulation and guided notes are support, not extra assignments.

F1 shows the paper-record workflow. The separate practice card models the table, and its 330 g example models the arithmetic. Before any separate teacher-directed physical heart or tissue work, complete the Sheep Heart Dissection simulation and use the approved instructions. This sheet does not grant a practical pass. Carry your sheet to the next assigned case lesson, where the microscope adds tissue-level findings; do not assume slide results already exist.

Before any separate teacher-directed physical heart or tissue work, complete the Sheep Heart Dissection simulation and use the approved instructions. The paper findings sheet does not certify that practical work.

The practice card: separate practice, not your case

This worked model uses the training findings card from the evidence sheet: a person found at the foot of a stepladder in a garage, with two skin injuries and a heart mass listed. It is not evidence for Case A or Case B. Use the structure, not these findings or answers, in your sheet.

The card's photo shows a training pad on a metal tray: a purple-red simulated scrape on the left, a ruler, a pale simulated scrape on the right. Caption it: training pad, simulated injuries, not a person. Read the card's text for the findings; the photo is a picture of a practice pad, not a measurement you took.

Training pad, simulated injuries, not a person. The photograph is not reproduced here; read the card's text for the findings.

Step 1. Region in the diagram's terms

The card says left forearm, palm side: write left forearm, anterior (front) surface. The card says right shin: write right lower leg, anterior surface.

Step 2. Copy each finding word for word

Finding 1: Abrasion (a scrape that removes the top skin layer), 4 cm, with bruising in the tissue beneath.

Finding 2: Abrasion, 2 cm, pale, with no bleeding into the tissue beneath.

No additions in the finding column.

Step 3. Call vital response, with the sign

Finding 1: YES, sign: bruising means blood leaked into living tissue.

Finding 2: NO, sign: pale with no bleeding into tissue, the way a scrape looks when the circulation had already stopped.

The practice card. Steps 4 to 6, the finished product and its limits

Step 4. Interpretation, in its own column, citing the finding

Finding 1: Consistent with an injury in life (cites the bruising); does not say how long before death, and does not say it caused death.

Finding 2: Consistent with an injury after death, for example during moving by responders (cites the pale, bloodless margin); does not say who or how.

Step 5. The heart number, logged without a judgment

The card lists a heart mass of 330 g in a 55 kg person. Convert kilograms to grams first: $55 \times 1,000 = 55,000$ g. Then $330 \div 55,000 = 0.006 = 0.6$ percent of body mass. Write it in the finding column as a number, not as normal or enlarged; that judgment needs a reference range you were not given.

Your B3 checkpoint uses 350 g and 70 kg, not 330 and 55. Show your own conversion and division.

Step 6. Read the columns back

Every finding is verbatim, every call has a sign, every interpretation names its finding, and nothing in the table says how the person died. That last check is the ceiling.

Practice row	Finding, verbatim	Call and sign	Interpretation citing the finding
Left forearm, anterior surface	Abrasion, 4 cm, with bruising in the tissue beneath	Yes; bruising, blood leaked into living tissue	Consistent with an injury in life; not how long before death; not that it caused death
Right lower leg, anterior surface	Abrasion, 2 cm, pale, with no bleeding into the tissue beneath	No; pale, no bleeding into tissue	Consistent with an injury after death; not who or how

Finished product

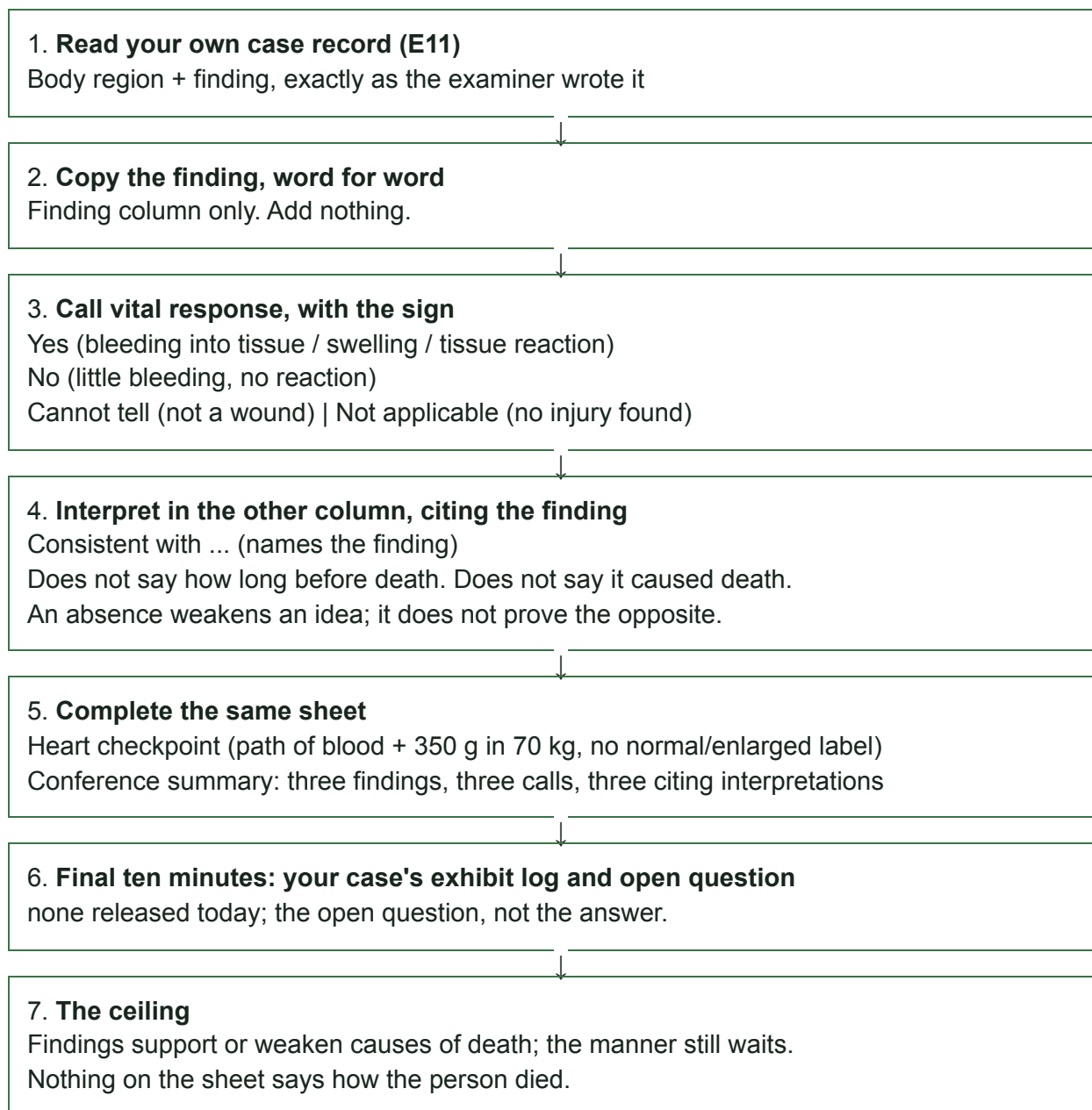
Finished product: Finding 1 (left forearm abrasion with bruising) shows vital response, so it happened in life; Finding 2 (pale right lower leg abrasion, no bleeding) does not, so it is consistent with an injury after death. The 330 g heart in a 55 kg person is 0.6 percent of body mass, a number logged without a judgment.

What the card does and does not claim

Now do the same steps on your own case's supplied record in Part B. Every student uses the same supplied record; there is no separate team data set.

The model does not require another upload. Complete Parts A to E and your exhibit log in the one autopsy findings sheet.

F1. Read, call, cite, keep the manner open



Paper-record workflow. This is a teaching diagram, not a body diagram, an autopsy procedure or a specimen image.

Full text equivalent

Find your own-case record and read one row: the body region and the finding. Copy the finding word for word into the finding column and add nothing. Decide the vital-response call: Yes with the sign when the wound bled into tissue, swelled or reacted; No with the sign when the wound shows little bleeding and no reaction; Cannot tell when the finding is an organ state rather than a wound; Not applicable when the finding reports nothing found. Write the interpretation in its own column, name the finding it rests on, and say what it does not say. Repeat for all six rows. Then complete the heart checkpoint and the conference summary in the same sheet. In the

final ten minutes, log only your own case's exhibit, or write none released today, and write the open question as a question. The finished sheet does not claim an examination you performed, a specimen you handled or a cause of death.

Optional restart cue

Find the next unanswered task ID. Use R2 for the calls and the two columns, R3 for the heart, R4 for the words, R5 for the heart number and R6 for the exhibit log and the ceiling. Do not switch to the other case or create a second product.

Your supplied examiner's record

Supplied illustrative examiner's record (E11). You are reading a supplied illustrative examiner's record. A record may say less than you would like. Preserve that limit instead of filling the gap.

Your case: RESPAWN, case number JH-26-0831-B. Setting: Respawn, an e-sports lounge with a smoothie counter. The region and the finding are supplied exactly as the record gives them.

Body region (diagram term)	Finding, exactly as written in the packet
Face, right brow (the ridge above the right eye)	Laceration at the right brow, 2.4 cm, edge-patterned, consistent with the counter edge, with bleeding into surrounding tissue.
Hands and forearms	No defensive wounds.
Neck (outside and inside)	Hyoid bone and laryngeal cartilages intact, no ligature furrow, no neck bruising.
Larynx and airway lining	Severe swelling (edema) of the larynx and airway lining; mucus plugging in the airways.
Lungs	Hyperinflated.
Heart and vessels	Grossly unremarkable.

Use only these four calls in B1: Yes (with the sign); No (with the sign); Cannot tell (not a wound); Not applicable (no injury found). Nothing beyond these rows is supplied; if the record is silent, write that it is not supplied.

Your Parts A to E sheet

Case B, RESPAWN, Period 6A-7B. Investigator code, not name:

Header label: Supplied illustrative examiner's record (E11).

Date: 2026-09-24

Answer from the reading above. Cite the sentence you used by copying its first three words in quotation marks.

PBS-U1-D13-A1

The reading says a living body responds to injury in three ways. Name them and copy the first three words of the sentence you used, in quotation marks.

The three responses are in one sentence of R2. Copy that sentence's first three words, not the whole sentence.

Three responses

Supporting sentence starts

PBS-U1-D13-A2

Why does the reading say you cannot judge findings in an organ you have never navigated?

Orientation means knowing where a finding sits. Say why that matters for reading the examiner's findings.

Explanation from the text

B1. The findings table

PBS-U1-D13-B1

Complete the findings table for your case. The body region and the finding are supplied exactly as the examiner's record gives them; do not change a word. For each row, write the vital-response call with its sign: Yes, No, Cannot tell (not a wound) or Not applicable (no injury found). Then write an interpretation in its own column that names the finding it rests on and says what it does not say.

A wound with bleeding into tissue is Yes with that sign. An organ state that is not a wound is Cannot tell. A finding that reports nothing found is Not applicable. An absence weakens an idea; it does not prove the opposite.

Body region (diagram term)	Finding, exactly as written in the packet	Vital response present? and the sign	Interpretation, citing the finding
Face, right brow	Laceration at the right brow, 2.4 cm, edge-patterned, consistent with the counter edge, with bleeding into surrounding tissue.		
Hands and forearms	No defensive wounds.		
Neck	Hyoid bone and laryngeal cartilages intact, no ligature furrow, no neck bruising.		
Larynx and airway lining	Severe swelling (edema) of the larynx and airway lining; mucus plugging in the airways.		
Lungs	Hyperinflated.		
Heart and vessels	Grossly unremarkable.		

Write findings (what is SEEN) in one column and interpretations (what it MEANS) in a separate column, never mixed.

B2 / B3. One Yes row, then the heart checkpoint

PBS-U1-D13-B2

Pick one finding from your table with vital response present. What does that time-stamp, and what does it still not tell you?

Time-stamp means before or after circulation stopped. Then name what the finding leaves open.

Finding named by region

What it time-stamps

What it does not say

PBS-U1-D13-B3

Heart checkpoint. In order, list the path of blood from the body back to the body through the heart: the two chambers on the right, the lungs, the two chambers on the left and the vessel that leaves the heart. Then the practice number: a heart of 350 grams in a person of 70 kilograms is what percent of body mass? Convert kilograms to grams first, show the division and log the percent as a number. Do not label it normal or enlarged; no reference range is supplied.

The model uses 330 g and 55 kg. Your checkpoint uses 350 g and 70 kg. Percent of body mass carries no unit.

Six-step path in order

Kilograms to grams conversion

Division

Percent of body mass

C1. The case-conference summary

PBS-U1-D13-C1

Write the examination summary for the case conference: the three findings from your supplied record that matter most today, each with its vital-response call, one interpretation per finding that cites it and one sentence that keeps the manner open. Plain words; anatomical terms where the record uses them. This is a summary of a supplied record, not a report of an examination you performed.

Choose from your B1 rows. The ceiling sentence: findings support or weaken causes of death; the manner still waits for the full picture.

Findings support or weaken causes of death; the manner still waits for the full picture. One organ's finding is a voice, not a verdict.

Your writing

D / E. Finish the same sheet

PBS-U1-D13-D1

Use vital response correctly in one or two sentences about today's work. A definition alone does not count; use the words about something real in your case record.

Name the finding and the sign, then use the term.

One or two applied sentences

PBS-U1-D13-E1

A laceration shows bleeding into surrounding tissue. What does that time-stamp?

This is a rule check, not another assigned finding.

One line

PBS-U1-D13-E2

Why learn heart anatomy to read an autopsy report?

Answer from memory first, then check R3.

One line

PBS-U1-D13-E3

Findings column versus interpretation column: why keep them apart?

Think about who reads the table after you.

One line

Optional single check, not alternate work plans

A finding reads: no defensive wounds on hands or forearms. What does the sheet preserve?

1. Write that it proves no one else was there.
2. Write no evidence of fending off a person, and that it cannot prove nobody was present.
3. Leave the row out because nothing was found.

The practice card, the optional check and the short check do not require another upload. Complete Parts A to E and the exhibit log in the one findings sheet.

Short check

Which column holds what the examiner saw, measured or weighed, and which column holds what it might mean?

Notebook support, not another submission

Keep the Body diagram, front and back and the Logic tree pruning notes and the Day 13 Cornell page in your notebook.

Optional support

- Optional Guided Notes
- Separate practice-card and 330 g in 55 kg worked model
- Sheep Heart Dissection simulation as an orientation station
- Existing voluntary vocabulary extra credit, kept separate from required D1

Handoff, PLTW and the claim ceiling

Complete one autopsy findings sheet, Parts A to E plus your case's exhibit log and open question. Hand the paper sheet to Mr. Mendoza before leaving, or submit one PDF to this section's assignment by September 24 at 11:59 PM. Use your period and investigator code. Do not submit twice; keep notebook pages in your notebook.

Keep today's sheet for the next assigned case lesson, where tissue-level findings under the microscope explain today's organ-level ones. Do not assume slide results already exist; where the record says histology is pending, it is pending.

This John Hay original sheet practices reading an examination record, calling vital response, keeping findings and interpretations apart and tracing blood through the heart, connected to PLTW Activities 1.2.4 Histology and 1.2.5 Gross Anatomy of the Heart. It does not certify official activity completion. The complete required explanation is here; the simulation and guided notes are support, not extra assignments.

John Hay original local work connected by title; no official PLTW completion and no practical clearance. The complete required briefing, supplied record and practice card are here.

[Your Case B D13 assignment](#) · [Daily directions](#)

Findings support or weaken causes of death; the manner still waits for the full picture. One organ's finding is a voice, not a verdict. Nothing today claims that you examined a body, an organ or a specimen, rotated through a station or produced team data, and nothing establishes a cause or a manner of death.

No public background reference is printed for this day; the briefing cites the supplied record only.

Your exhibit log and open question

Work from your own case's support note, printed with this task. Fill the log line it gives, then write the one open question as a question rather than an answer, and state what the airway findings do not establish. Do not answer it, name a trigger or name a cause of death.

Exhibit released today: none released today.

No exhibit is released today. Write none released today on the log line. The record's own open question is how the airway came to swell; that is not a question today's record answers. Write it as a question. Severe swelling of the larynx and airway lining, mucus plugging and over-full lungs describe an airway narrowed from the inside; they do not establish what triggered it, an exposure, a source, intent or a manner of death. The neck findings report no sign of the airway being closed from the outside; that weakens the idea and does not exclude it.

Your exhibit log

Exhibit released today

The one open question

What the airway findings do not establish

Space: One log row plus three writing lines. The practice card, the optional check and the short check do not require another upload. Complete Parts A to E and the exhibit log in the one findings sheet.