

IU HEALTH PATHOLOGY LABORATORY

AUTOPSY SERVICES - HOSPITAL AUTOPSY

Anatomic Pathology, 350 West 11th Street, Indianapolis, IN 46202
Client Services 1-800-433-0740; 317-491-6000; Fax: 317-491-6419
Page (317) 312-5623



Indiana University Health

Please fax this form and all required documents to 317-491-6419 BEFORE transporting the deceased.

Do not submit this submission form (with the deceased) without:

- **Death Certificate**
- **Burial Permit**
- **Signed Consent Form**
- **Most recent medical records (when indicated)**

The facility will be billed (\$2,750) for the cost of the autopsy, whether partial or complete. Transportation costs are not included in the cost of the autopsy.

Deceased Name _____		DOB _____	Gender _____	Race _____
Last, First, Middle				
Address _____		County _____	Marital Status _____	
Street, City, State, Zip Code				
Home Phone # _____	SSN _____	Employer Name _____	Phone # _____	

Clinical Diagnosis: _____

Specific questions to be answered by the autopsy:

- 1) _____
- 2) _____

Please perform these ancillary services (at an additional cost and after consultation with autopsy examiner)			
_____ Toxicology	_____ Electron Microscopy		
_____ Immunohistochemistry	_____ Microbiologic Cultures		

Submitting Facility Information:

Facility _____	Fax a final report? Yes _____ No _____
Address: _____	Telephone _____ Fax: _____
Street, City, State, Zip Code	
Submitting Clinician	

Does the clinician want a call following the procedure? Yes _____	Phone # _____ No _____
Who will pick up the decedent following the autopsy? _____	Phone # _____