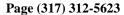
IU HEALTH PATHOLOGY LABORATORY

AUTOPSY SERVICES – PRIVATE AUTOPSY

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





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

| PLEASE CHOOSE | ONE OF THE FOLLOWING | PAYMENT OPTIONS: | | |
|----------------------------|-------------------------------------|--------------------------------------|-------------------------------|----------|
| (payment must be | received with this submission | form) | | |
| 1) Certified 1 | Bank Check or Money O | rder (personal checks not a | accepted) | |
| 2) Mastercar | ·d/Visa | | | |
| Do not submit th | is submission form (with t | he deceased) without: | | |
| • Death Certifica | ate | | | |
| • Burial Permit | | | | |
| • Advance Paym | ent (\$2,575-written to Ur | niversity Clinical Pathology | Associates) | |
| • Signed Consen | | · Si | , | |
| O | edical records (when indi | cated) | | |
| | | | | |
| Deceased Name | | DOB | Gender Race _ | |
| A 11 | Last, First, Middle | C 4 | M : 10: | |
| Address | Street, City, State, Zip Code | County | Marital Stat | us |
| Home Phone # | • | Employer Name | Phone # | |
| | | | | |
| Please perform t | • | an additional cost and after consu | | |
| Immunohistochemistry | | Microbiologic Cultures | | |
| Submitting Fa | acility Information: | | | |
| Facility* | | | | |
| | | | _ | |
| Address: | Street, City, State, Zip Code | Telephone | Fax: | |
| Facility that will pick up | the decedent when the autopsy has b | een completed. Phone # | | |
| Next-of-Kin: | | | | |
| Next-of-kin | | (| Send a final report? Yes No | 2 |
| Please I | Print | Written signature | 50110 a final report. 105 140 | ' |
| Address: | | • | Fax: | |
| \$ | Street, City, State, Zip Code | | | |
| | Does the fan | ily member want a call following the | procedure Yes No | |