

**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  
Page (317) 312-5623



**Indiana University Health**

**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 Bank Check or Money Order (personal checks not accepted)**
- 2)  **Mastercard/Visa**

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

- **Death Certificate**
- **Burial Permit**
- **Advance Payment (\$2,575-written to University Clinical Pathology Associates)**
- **Signed Consent Form**
- **Most recent medical records (when indicated)**

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:**

\_\_\_\_\_

\_\_\_\_\_

**Please perform these ancillary services (at an additional cost and after consultation with autopsy examiner)**

_____ Toxicology	_____ Electron Microscopy
_____ Immunohistochemistry	_____ Microbiologic Cultures

**Submitting Facility Information:**

<b>Facility*</b>	
_____	
Address: _____	Telephone _____ Fax: _____
Street, City, State, Zip Code	
_____	
<b>Facility that will pick up the decedent when the autopsy has been completed.</b> Phone # _____	

**Next-of-Kin:**

<b>Next-of-kin</b>	
_____	Send a final report? Yes _____ No _____
Please Print	Written signature
Address: _____	Telephone _____ Fax: _____
Street, City, State, Zip Code	
Does the family member want a call following the procedure Yes _____ No _____	