

NATIONAL AUTOPSY AND TISSUE RECOVERY SERVICES



"The unbiased experts"

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Topeka Branch

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909 ½ S. Kansas Ave, Ste 8

Topeka, Kansas 66612

Denver Branch

600 17th Street, Ste 200 S.

Denver, Colorado 80202

AUTHORIZATION FOR AUTOPSY

I (We), _____, hereby request and authorize National Autopsy and Tissue Recovery Services to perform an autopsy on the remains of _____ to the extent that is necessary for full pathological study and diagnosis. I (We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereunder, or as limited by my request, _____ (if no limitations, please fill in the blank with "unlimited"). _____ initials

I(We) further authorize the removal and retention of organs or tissues as determined by National Autopsy and Tissue Recovery Services in their reasonable discretion for diagnostic, scientific or therapeutic purposes.

I(We) further authorize the release of information to National Autopsy and Tissue Recovery Services, regarding any treatment the deceased may have received from any hospital or medical provider. Information to be released may include, without limitation, any information from hospitalization(s), outpatient treatment(s) and doctors' visit(s), and may include discharge summaries, pathology reports, diagnostic reports, outpatient notes, operative reports, laboratory reports, emergency department notes and any other related medical or health care information. I understand that the information that is released may include information pertaining to the diagnosis or treatment of AIDS, including the results of HIV tests and/or information pertaining to the diagnosis or treatment of drug or alcohol abuse. National Autopsy and Tissue Recovery Services and any individual or facility releasing any such information are hereby released from liability or responsibility related to any information released pursuant to the release contained in this authorization.

I(We) bear the relationship of _____ to the deceased, and I(We) hereby certify under the state law that I(we) am(are) entitled and have the legal right and capacity to grant this authorization.

Signature: _____ Date: ___ / ___ / ___ Time: _____

Name (please print): _____

Address: _____ Zip: _____

Telephone number (with area code): _____

1. Witness: _____

2. Witness: _____