



## Request for Autopsy

Not a Permanent Part of the Medical Record

Attending Physician: \_\_\_\_\_

Funeral Home to contact: \_\_\_\_\_

Phone No. \_\_\_\_\_

Major Diagnoses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific questions to be answered by autopsy:

\_\_\_\_\_

\_\_\_\_\_

Indicate if there are any special studies that preclude embalming prior to autopsy:

\_\_\_\_\_ post mortem cultures

\_\_\_\_\_ post mortem immunofluorescent studies

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

