

F401

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Autopsy Checklist

Approved by Sergei Y. Tolmachev, Director
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1. Name of deceased _____
2. SS# _____
3. Case #
4. Routine Whole Body
5. Location of deceased
Address _____ Phone _____
City, State Zip _____ FAX _____
6. Date and time of death _____
7. Presumed cause of death _____
8. Next-of-Kin
Address _____ Phone _____
City, State Zip _____ FAX _____
9. Attending/Family Physician
Address _____ Phone _____
City, State Zip _____ FAX _____
10. Pathologist performing autopsy
Address _____ Phone _____
City, State Zip _____ FAX _____
11. Funeral home making arrangements
Address _____ Phone _____
City, State Zip _____ FAX _____
12. HIV/HBV/HCV requested
13. Death Certificate Requested

Item	Date FAXed	Date Mailed
Shipping containers		
Instructions to Pathologist		
Authorization for Release of Medical		
Authority for Autopsy/Use of Whole Body		
Worksheet		

Comments
