

CONFIDENTIAL

ILLUME AUTOPSY AND PATHOLOGY SERVICES

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Please return via email or fax

AUTHORIZATION FOR PARTIAL AUTOPSY AND/OR TISSUE RETRIEVAL

Decedent's Name: _____,
Last First

Date of Birth: _____

Date of Death: _____

Sex: _____

Race: _____

Funeral Home: _____

Address: _____

Phone #: _____

If this is a second autopsy or an exhumation case please do not fill out this form.

A different form is required for second autopsies and/or exhumation autopsies.

Medical History: Please list all known conditions/diseases-

PLEASE DO NOT LEAVE BLANK

- DIABETES HIGH BLOOD PRESSURE OBESITY KIDNEY FAILURE
 DEMENTIA LUNG DISEASE BLEEDING/CLOTTING DISORDER HIV/AIDS

HEPATITIS TUBERCULOSIS OTHER INFECTION: _____

Reasons for Hospitalization/Nursing Home

Reason for Retrieval/Exam Request by next of kin:

1. I request a partial autopsy/tissue retrieval of the remains of the above named deceased. I authorize Illume Autopsy and Pathology Services, LLC., (Illume), its physicians, staff & authorized personnel to perform the retrieval/partial autopsy.

Check here if the body has been embalmed

I understand that in the event the body has been embalmed, that the embalming process may limit, obscure, or make it impossible for Illume to determine some findings at autopsy. Having been so advised, I still agree to proceed.

Check here if you are requesting toxicology testing(Additional \$800.00 fee)

I understand that if I request toxicology findings on an embalmed body, that the embalming will make the process much more difficult and may obscure or completely eliminate detection and interpretation of some or all of these findings. Having been so informed, I release and hold harmless Illume from any claim, liability, damage, cause of action, or the like, resulting from incomplete, inconclusive or absent toxicology findings.

Check here if you are requesting specialist consultation (Additional fee)

SELECT: PULMONARY PATHOLOGIST (lung) \$2495 NEUROPATHOLOGIST (brain) \$2450

Tissue Procurement only, with blocks & slides generated (shipping address below)

Tissue Procurement only, wet tissue (shipping address below)

Shipping address:

2. I, the undersigned, declare, under penalty of perjury, that I am the legal next of kin of the deceased and therefore have the right to authorize a partial autopsy/tissue retrieval by ILLUME

AUTOPSY AND PATHOLOGY SERVICES. This authorization is for a partial autopsy. I acknowledge that a cause of death cannot be conclusively determined by partial examinations, and will only document findings in the organs examined. Having been advised of this, I agree to proceed.

CIRCLE ONE:

CHEST ONLY CHEST AND ABDOMEN BRAIN ONLY ABDOMEN ONLY
TISSUE FOR DNA MEDICAL DEVICE TOXICOLOGY ONLY

OTHER/SPECIFIED: _____

3. I authorize ILLUME, it's examining pathologist(s) and/or ILLUME staff to remove, retain, preserve, photograph, sample and dispose of any and all specimens, organs, tissues, fluids, prosthetic and implantable devices as they deem appropriate. I authorize ILLUME to conduct the partial autopsy/tissue retrieval and make all customary and necessary incisions and procedures to accomplish the autopsy and I agree that ILLUME, its physicians, staff and administration shall have sole discretion to determine the appropriate staffing for the removal, examination, etc. All microscopic examinations, analytical tests, evaluations and diagnoses shall be performed solely by a pathologist physician at a different date/time/location. I further authorize ILLUME, at their sole discretion, to transport, or have transported, any and all tissues, organs, etc, for examination either in state or out of state. I understand that this is a private autopsy and that the responsibility for the completion of the death certificate remains as the sole responsibility of the attending physician, coroner, medical examiner, or other authority in the jurisdiction of death. I understand that the final results of the examination shall be provided solely and only to the next of kin listed below and that ILLUME does not provide preliminary results. I understand that in the event I am given assistance in completing the paperwork for the partial autopsy/tissue retrieval by the funeral director or representative of the facility where the autopsy is to take place, I hold the owners of that facility harmless from any liability or damages pertaining to their assistance. I authorize ILLUME to communicate with the funeral director and/or facility where the partial autopsy/tissue retrieval is performed and share any information needed in order to schedule and/or complete the examination. I understand if I circle "Tissue for DNA", "Medical Device", or "Toxicology only", or request other tissue procurement wet tissue only services, no diagnosis or exam by ILLUME will be made. ILLUME must be informed of where to ship the specimens at the requesting party's expense. I understand I am responsible for paying any/all fees associated with funeral home preparation, autopsy hosting, mortuary transport, etc.

4. **I hereby authorize the partial autopsy/tissue retrieval and I or my agent also agree to pay fees in the sum of \$5200 for the procedure and additionally agree to pay for any associated travel costs agreed to prior to the performance of the procedure. If I requested a case consultation with a specialist, the additional applicable above fees will be applied.** I understand and agree that in the event that I send additional medical records to be reviewed in excess of 50 pages, that I will pay for such review at the rate of \$400.00 per hour. I understand and agree that the fees for the partial autopsy/tissue retrieval do not include specialized testing such as DNA, genetic, immunohistochemical, or microbiologic studies. In the event additional studies are requested, I understand additional fees shall apply. If requested, additional review of records, preparation for testimony, deposition time, court testimony, and associated travel expenses shall be billed separately and are not included in the cost of the partial autopsy/tissue retrieval. I agree to pay any/all fees associated with transportation of the body and/or any tissues, organs, etc., as well as funeral home/preparation room fees.

5. I understand and agree that after sections are submitted for histology, at the cost to your organization, the tissues procured from the procedure can either be sent to a facility of your designation, or retained by Illume for a monthly fee, until notice is given to destroy the tissue. I understand that glass slides and histology blocks shall be retained by Illume according to legal requirement, or delivered to your organization upon request.

6. Where it is applicable to finalizing the report, or otherwise requested by Illume's pathologists or staff, I agree to make the deceased's medical records available to ILLUME by signing a separate HIPAA Release Authorization so that ILLUME may obtain the records directly from the medical providers. I further agree to provide all contact information for each medical provider. ILLUME hereby agrees that it shall not release the medical records to any third party with the exception of its examining pathologist. The medical records shall be used solely for reference purposes by the examining pathologist and shall be shredded by ILLUME as soon as practical thereafter.

7. In the event I cancel this partial autopsy/tissue retrieval after submission of this Authorization to ILLUME, I understand and agree that I am responsible for payment of a \$750.00 cancellation fee. I agree that in the event that I cancel the Authorization after the partial autopsy/tissue retrieval has been scheduled or planned, I agree to pay ILLUME for all its costs for any/all travel time, airfare, mileage, hotel reservations, lost staff time, and/or associated fees.

8. The Authorizing Party (Next of kin signing this Agreement) agrees to defend, indemnify and hold Illume Autopsy and Pathology Services, LLC., its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees) or claims for damages arising out of or connected in any way to the performance of any part of this Agreement in its entirety.

9. All disputes arising out of this Authorization agreement shall be submitted to mediation in accordance with the rules of Arts Arbitration and Mediation Services, a program of California Lawyers for the Arts. If mediation is not successful in resolving the entire dispute, any outstanding issues shall be submitted to final and binding arbitration in accordance with the rules of that program. If such services are not available, the dispute shall be submitted to arbitration in accordance with the laws of the State of California. The arbitrator's award shall be final, and judgment may be entered upon it by any court having jurisdiction thereof.

10. This "Authorization for Partial Autopsy And/Or Tissue Retrieval" agreement shall be construed and interpreted by and under the laws of the State of California. In the event either party enters into civil litigation regarding this agreement, it is agreed by ILLUME and the Authorizing next of kin that such litigation shall be venued in the jurisdiction of the Superior Court of California, in and for Alameda County.

11. This "Authorization for Partial Autopsy And/Or Tissue Retrieval" written agreement constitutes the entire agreement between ILLUME and the Authorizing next of kin or designee requesting the autopsy and it supersedes all communications, representations, requests, promises, negotiations, arrangements and agreements, whether oral or written, between the Parties with respect to the subject matter of this Agreement.

Signature of Person Authorizing Partial Autopsy/Tissue Retrieval:

(Electronic signatures not accepted)

Signature: _____

Date of Signature: ____/____/____

Printed Name: _____

Address : _____

City : _____, State: _____ Zip: _____

Telephone # : _____

Relationship to Deceased: _____

This Authorization MUST also be signed by a witness:

Witness's signature: _____

Date of Signature: ____/____/____

PRINTED name of witness: _____

Witness's relationship to decedent: _____

If there are more "next of kin", please have each of them provide their printed name, signature, address, phone number, and relationship to the deceased on this or an accompanying page(s).

Payment Authorization *Check One*

___ **1. ELECTRONIC FUNDS TRANSFER**

- PLEASE CONTACT ILLUME REPRESENTATIVE FOR BANK INFORMATION

___ **2. CASHIER'S CHECK**

- INCLUDE PHOTOCOPY ATTACHED TO THIS DOCUMENT
- PHYSICAL CHECK LEFT AT FUNERAL HOME

___ **3. MONEY ORDER**

- INCLUDE PHOTOCOPY ATTACHED TO THIS DOCUMENT
- PHYSICAL M.O. LEFT AT FUNERAL HOME

___ **4. MIXED PAYMENT TYPE**

Payment can be compiled from more than one source. Simply authorize payment source and amount below and complete the above portions corresponding to each payment type:

\$ _____ ELECTRONIC TRANSFER

\$ _____ CASHIER'S CHECK

\$ _____ MONEY ORDER

- **COPIES OF ALL CHECKS AND MONEY ORDERS SHOULD BE ATTACHED**
- **PHYSICAL COPIES LEFT AT FUNERAL HOME**

____ **5. FUNERAL HOME / MORTUARY / INSURANCE PAYMENT ARRANGEMENT**

NOTE: Funeral homes are not responsible for paying for autopsies--This is *only* possible if the funeral home agrees to process funds for the family **OR** the deceased's funeral, burial, life insurance policy, or estate/trust is paying the funeral home for associated funeral services. In this event, the process is treated as a check payment in option #2.

Cancellation Policy: *In the event I cancel this autopsy after submission of this Authorization to Illume, I understand and agree that I am responsible for payment of a \$750.00 cancellation fee. I agree that in the event that I cancel the procedure after the partial autopsy/tissue retrieval has been scheduled, I agree I am responsible for all its costs for any/all travel time, as well as airfare, mileage, hotel reservations, lost staff time, and/or all associated fees.*