

CONFIDENTIAL

ILLUME AUTOPSY AND PATHOLOGY SERVICES

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AUTHORIZATION FOR MEDICAL DIAGNOSTIC AUTOPSY

Decedent's Name: _____, _____
Last First

Date of Birth: _____

Date of Death: _____

Sex: _____

Race: _____

Funeral Home: _____

Address: _____

Phone #: _____

If this is an exhumation case please do not fill out this form.

A different form is required for 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/examination requested by next of kin:

1. I request a diagnostic autopsy 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 procedure and retrieval of samples.

Check here if you are requesting toxicology testing (Additional \$900.00 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) \$2695 NEUROPATHOLOGIST (brain) \$2595

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 complete medical diagnostic autopsy/tissue retrieval by ILLUME AUTOPSY AND PATHOLOGY SERVICES. This authorization is for a complete medical diagnostic autopsy. I acknowledge that for the price of \$4000, the evaluation will include a complete external exam and complete internal examination of the head and chest with an abdominal survey including evaluation and sampling of the liver. If I wish for the exam to be converted to a complete autopsy, including examination of all abdominal and pelvic organs, with complete written and photographic documentation which can be used for legal purposes, I must indicate this during the procedure via phone when the pathologist calls the family representative, and an additional fee of \$1500 will be due at that time. Having been advised of this, I agree to proceed.

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 diagnostic 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, review of analytical tests, evaluations and diagnoses shall be performed solely by a pathologist physician; some portions of these services may be performed at a different date/time/location. I further authorize ILLUME, at their sole discretion, to transport, or have transported, any and all samples, 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 is not obligated to provide preliminary results, however does so as a courtesy to its clients. Information may change as new details are identified– the final report overrides any preliminary information which may have been provided. I understand that in the event I am given assistance in completing the paperwork for the medical diagnostic 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 medical diagnostic autopsy/tissue retrieval is performed and share any information needed in order to schedule and/or complete the examination. I understand ILLUME must be informed of where to ship 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 complete medical diagnostic autopsy/tissue retrieval and I or my agent also agree to pay fees in the sum of \$4000.00. If I requested toxicology or 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 \$350.00 per hour. I understand and agree that the fees for the medical diagnostic 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 medical diagnostic 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 a period of three months immediately following the transmittal of the autopsy final report, any remaining tissue samples, fluids, and/or devices that Illume has not received instruction and or funding for disposition, may, without further notice, be made available to medical research or be destroyed. I understand that if retained, toxicology specimens and/or samples for DNA/molecular studies may be stored for six months and then shall be destroyed without further notice. I understand that glass slides and histology blocks shall be retained for 7 years.

6. I agree, upon request by an Illume pathologist, 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 if requested. I further agree to provide all contact information for each medical provider, upon request. 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 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 medical diagnostic 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 Complete Medical Diagnostic Autopsy" 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 Complete Medical Diagnostic Autopsy And/Or Tissue Retrieval" written agreement constitutes the entire agreement between ILLUME and the Authorizing next of kin 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 Medical Diagnostic Autopsy/Tissue Retrieval:

Signature: _____

Date of Signature: ____/____/____

Printed Name: _____

Address : _____

City : _____, State: _____ Zip: _____

Telephone # : _____ Email address: _____

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).

AUTHORIZATION TO SHARE INFORMATION WITH ATTORNEY OR PHYSICIAN (OPTIONAL)

I understand in order for Illume Autopsy and Pathology Services to share private information regarding the private autopsy and/or the report I must provide written and signed consent. I hereby authorize Illume Autopsy and Pathology Services to share information regarding the private autopsy with the individual(s) listed below.

Name of consultant:

Practice name:

Phone #, fax # and email:

Address:

Payment Authorization *Check One*

1. **CASHIER'S CHECK**

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

2. **MONEY ORDER**

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

3. **DIRECT FUNDS TRANSFER TO ILLUME'S ACCOUNT**

- PLEASE CONTACT ILLUME REPRESENTATIVE FOR ACCOUNT INFORMATION

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:

\$ _____ CASHIER'S CHECK

\$ _____ MONEY ORDER

\$ _____ DIRECT TRANSFER TO ILLUME

- **COPIES OF ALL CHECKS AND MONEY ORDERS SHOULD BE ATTACHED OR PHOTOGRAPHS EMAILED TO ILLUME**
- **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 #1.

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 medical diagnostic 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.*