

CONFIDENTIAL

ILLUME AUTOPSY AND PATHOLOGY SERVICES

Toll Free: (877) 232-9168
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illumepathology@gmail.com

AUTHORIZATION FOR COMPLETE MEDICO-LEGAL AUTOPSY

Return via email: illumepathology@gmail.com or fax: (833)342-8324

Decedent's Name: _____, _____
Last First

Date of Birth: _____

Date of Death: _____

Sex: _____

Race: _____

Funeral Home: _____

Address: _____

Phone #: _____

If this is a second autopsy please do not fill out this form.

A different form is required for second autopsies

Medical History (List all known conditions/diseases): **PLEASE DON'T 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 Autopsy Requested by Next of Kin: _____

1. In order to determine the cause(s) and manner of death and to advance medical knowledge and progress, I request a complete autopsy of the remains of the above named deceased. I authorize Illume, it's examining pathologist(s) and/or Illume's staff to remove, retain, preserve, photograph, sample, submit for analysis, and dispose of any and all specimens, organs, tissues, fluids, prosthetic and implantable devices as they deem appropriate.

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 the patient died 14 or more days ago

I understand that I am requesting an autopsy on a patient that has been dead for more than 14 days. I understand that the decomposition process can limit, obscure, or eliminate some autopsy findings. Having been so advised, I agree to proceed with the autopsy.

Check here if you are requesting toxicology testing (Additional \$900.00 fee)

I understand that if I request toxicology testing on an embalmed or decomposed body, that the embalming and/or decomposition 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 impartial autopsy or tissue procurement, inconclusive or absent toxicology findings.

Check here if you are requesting specialist consultation

SELECT: PULMONARY PATHOLOGIST (lung) additional \$2695
 NEUROPATHOLOGIST (brain) additional \$2900

Check here if you are requesting genetic testing (Additional \$350 fee PER testing area)

I understand and agree that I'm requesting that Illume obtain specimens from the decedent for genetic testing. I further request that these be sent to **Invitae Corporation, on my behalf**. Invitae is solely responsible for the testing/results. I understand and agree that Illume doesn't perform this testing in house and isn't responsible for the tests and/or results of Invitae Corporation, and I waive any/all liability against Illume and hold it harmless from any/all liability, losses, damages or dispute arising from or connected in any way with the genetic testing. I understand if I am requesting this service in and of itself, I'm merely requesting Illume to obtain samples for this testing, with NO requirement of Illume to order or authorize testing, no obligation of correlation or interpretation of results by any Illume physician. It is my sole responsibility to have these interpreted by a physician or consult counseling through Invitae. I understand and agree that the below list of diseases are categories of what is tested for and not a comprehensive list of diseases. I understand this is not a comprehensive genetic test for all genetic diseases. I acknowledge that post mortem genetic testing does have a high failure rate due to post mortem decomposition, such that the testing may not work. In the event the test fails I understand Illume shall refund the test fee, minus any incurred service fees.

**Genetic results will be sent to the email address provided by the Next of Kin on page 3.
CHECK SELECTED TESTING AREA(S):**

CARDIOLOGY AND NEUROLOGY TESTING

Aortaopathy and connective tissue disorders
Arrhythmia
Arrhythmia and cardiomyopathy
Cardiomyopathy
Cardiomyopathy and skeletal muscle disease
Charcot-Marie-Tooth Disease
Congenital heart disease
Congenital Myasthenia syndrome
Familial Hypercholesterolemia
Hereditary sensory and autonomic neuropathy

Hereditary spastic paraplegia
Malignant hyperthermia susceptibility
Motor neuropathy
Movement disorders
Muscular dystrophy
Myopathy
Neuromuscular disorders
Neuropathies and related disorders
Pulmonary hypertension
Riboflavin transporter deficiency neuropathy

HEREDITARY CANCER TESTING

Breast Cancer
Breast and Gynecologic cancers
Colorectal and gastrointestinal cancers
Cross cancer panels
Individual hereditary cancer conditions

Other organ systems
Bone marrow failure syndromes
Dermatology related cancer syndromes
Pediatric oncology

NEWBORN METABOLIC SCREENING AND IMMUNOLOGY TESTING

Amino acidopathies
Carbohydrate disorders
Congenital disorders of glycosylation
Creatinine biosynthesis disorders
Cystic Fibrosis
Fatty acid oxidation defects
Immunology

Lysosomal storage Disorders
Metabolic disorders and severe combined immunodeficiency
Metal transport disorders
Organic acidemias
Urea cycle disorders

PEDIATRIC RARE DISEASES TESTING

Ciliopathies
Congenital heart disease
Cystic fibrosis and chronic pancreatitis
Developmental disorders
Disorders of sex development and endocrinology
Epilepsy, seizures, and developmental brain anomalies

Eye disorders
Overgrowth syndromes
RASopathies (Noonan spectrum disorders)
Skeletal disorders
Skin disorders

NON MALIGNANT HEMATOLOGY TESTING

Hereditary Hemochromatosis

Hereditary Thrombophilia

PORPHYRIA

Acute hepatic porphyrias

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 autopsy by Illume Autopsy and Pathology Services, LLC. This authorization is for a **complete** autopsy examination of the deceased unless otherwise specifically noted here _____

*If I request a partial autopsy, I acknowledge that a cause of death cannot be conclusively determined by partial examinations. 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 complete autopsy 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 autopsy shall be provided solely and only to the next of kin listed below and that Illume is not obligated to provide preliminary results. I understand that in the event I am given assistance in completing the paperwork for the autopsy 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 autopsy is performed and share any information needed in order to schedule and/or complete the examination.

4. I hereby authorize the complete autopsy and to pay fees in the sum of \$5,500.00 for this service. If you selected toxicology testing, an additional \$900 will be charged. If you requested consultation with a specialist or genetic testing, the above applicable fees will be applied. I understand and agree that Illume shall only review those portions of the available medical records that the Illume physician deems germane to the autopsy. I also understand and agree that unless prior arrangements have been made separately, no comprehensive review of all medical records shall be performed and that no such action has been requested. I understand and agree that the fees for the autopsy do not include specialized testing such as immunohistochemical, DNA, genetic, 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 autopsy. I agree to pay any/all fees associated with transportation of the body and/or any tissues, organs, etc.

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, may, without further notice, be made available to medical researchers instead of being destroyed. I understand that if retained, toxicology specimens and/or samples for DNA/molecular studies may be stored by the laboratories performing testing, for six months and then shall be destroyed without further notice. I understand that glass slides and histology blocks shall be retained indefinitely.

6. I agree if requested 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. 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 destroyed by Illume as soon as practical thereafter.

7. 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 Authorization after the autopsy 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. In the event that jurisdiction for this autopsy is later undertaken by the coroner or medical examiner, Illume shall provide materials to them in compliance with California law. (b) In the event the coroner or medical examiner demands autopsy materials prior to, or after the completion of this private autopsy, Illume is also required to furnish them pursuant to California law. In either event, Illume shall not provide a refund to the authorizing party. I understand that federal and state laws grant the ultimate jurisdiction of death investigations in the United States to coroners' and medical examiners' offices. I further understand and agree that based on California laws and Illume's policies, the company shall comply with these official requests for case related materials. I understand that if a coroner or medical examiner confiscates case materials from the company, that the company may provide a partial or no product at all to the client, at the sole discretion of the company. I further understand that in the event that an autopsy case is disrupted by a coroner or medical examiner request, that the company shall deem that all of the allowable services had been rendered to client and that no refund shall be provided to the client. I understand that the company shall notify the client in the event a coroner or medical examiner intervention has halted the work of the company. I also understand that in the event that a coroner or medical examiner takes possession of the case materials after the report has been released to the client, that the company will not advise the client. I understand that company policy is based upon broad government laws including but not limited to California State Codes Govt. Code §§ 27491, 27521, 27522, Health & Safety Code § 102850, Civil Code §56.10(c)(6), and Federal Law at 45 CFA 164.512(g)(1).

9. 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.

10. 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.

11. This "Authorization for Complete 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.

12. This "Authorization for Complete Autopsy" 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.

Information of Person(s) Authorizing Complete Autopsy:

Signature(s): _____
Date of Signature: ____/____/_____
Printed Name(s): _____
Address : _____
City : _____, State: _____ Zip: _____
Telephone # : _____
Relationship to Deceased: _____

This Authorization MUST also be signed by a witness:

Witness Signature: _____
Date of Signature: ____/____/_____
Printed Name of Witness: _____
Witness' Relationship to Decedent: _____

If there are more than four "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 (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 Attorney: _____
Law Firm: _____
Phone #: _____
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 autopsy 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.