

# PRIVATE AUTOPSY SERVICES

6517 North Armenia Avenue – Tampa, Florida 33604

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## AUTHORIZATION FOR AUTOPSY

I, \_\_\_\_\_, hereby request that the pathologists at Private Autopsy  
(Printed Name)

Services perform a complete autopsy (with the exceptions specified below) on the remains of  
\_\_\_\_\_, and I authorize the removal, retention, and ultimate disposal  
(Name of Deceased)

of organs, tissues or parts following established guidelines and regulations. This authorization is granted with the following restrictions (if none, write NONE):

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Furthermore, I request the following special examinations be made (if none, write NONE):

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Finally, I represent that I am the \_\_\_\_\_ of the deceased, and that I have accepted custody  
(Relationship)

of the remains for the purpose of burial or cremation.

**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Printed Name)

\*Note: When two (2) or more persons assume custody, the consent of one next of kin shall be deemed sufficient to authorize an autopsy.

Autopsy \$\_\_\_\_\_ Toxicology \$\_\_\_\_\_

Payment is due prior to services rendered. If there is any issue with payment, by signing this authorization you agree to pay for autopsy fees and costs in full prior to completion of autopsy report.

**The pathologist will take cultures at the autopsy table if his findings indicate cultures should be performed. They are billed at the rate of \$40 each.**

Private Autopsy Services will not be responsible for any fees incurred for the use of a funeral home's facilities.

**THE AUTOPSY REPORT WILL BE COMPLETED IN A MINIMUM OF 12 WEEKS.**

We will send the report to next of kin email on file and/or via Federal Express. If you move, please notify us of your new address and phone number.