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## *PRIVATE AUTOPSY SERVICES*

6517 North Armenia Avenue – Tampa, Florida 33604

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Phone: (813) 288-6779 Fax: (813) 932-0077 www.AutopsyFlorida.com

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### **Information about autopsy and understanding the forms**

The initial autopsy is done on the day scheduled and is the first part of the autopsy. This is a physical examination of all major systems in which the doctor looks at everything and makes note of his initial findings. During the exam he takes small samples for microscopic examination which is the second part of the autopsy. These samples are processed by the lab and then the microscopic evaluation is done.

\_\_\_ We give a 12-week working window to complete the full report. Once it is complete our office will get the report out to you as soon as possible. It can be emailed in encrypted format and/or sent via FedEx to the address on file for next of kin.

\_\_\_ Cultures are done if the doctor finds any type of infection present, they are \$40 each and are charged after the autopsy depending on how many he does, if any. Covid test also done at discretion at \$70.

Toxicology is an additional \$800 (optional) and evaluates for toxic levels of certain medications or drugs in the system.

#### **FORMS:**

**Authorization for Autopsy** – To be signed by legal next of kin with a witness if available. Please indicate any restrictions or special studies (i.e., Alzheimer's) otherwise write, *none*.

**Autopsy Information** – This is for contact information for legal next of kin and any other contacts. Please fill in all areas that pertain to you. Any that do not, leave blank (i.e., attorney).

**Brief History** – Most of the time we get a brief history during the initial call and this form is for you to put down anything in your own words, if necessary.

**Release of Medical Records** – Please have the next of kin *sign the bottom*, you do not need to fill out the top as we have a lot of this information on file. We will need the name of any hospitals or doctors that were visited recently and/or Primary care physician.

Please send forms back via scan-email or fax to our office to the above listed information.

\_\_\_\_\_ *Initial - I have read and understand the information outlined on this form.*