## REQUEST FOR AUTOPSY/CONSENT FORM IOWA PATHOLOGY ASSOCIATES, P.C. 1212 PLEASANT #LL3 DES MOINES, IA 50309

I the undersigned hereby request Iowa Pathology perform an autopsy upon the body of:	Associates, P.C. and their	r authorized personnel to
Name of Deceased	Date of Birth	Soc. Sec. Number
It is understood that the physician who performs of the examination and may retain organs or body		
The undersigned further represents that he/she is of priority for giving consent as set forth in Iowa spouse; then an adult son or daughter, then eithe other person authorized or under obligation to disp	Code 144:56. The order or parent, adult brother or	of priority is first the sister, guardian or any
The undersigned further states that he/she at the t contrary indications by the decedent or actual not class, has custody of the body of said decedent an examination.	ice of opposition by a me	ember of the same or a prior
PERMISSION: Nearest Relative (Iowa Code 144:56)	Witness	
Printed Name	D-4-	
Relationship	Date	
Address City, State & Zi	ip Code	
Signature		
PAYMENT: The pathologists shall bill the <b>Hospital</b> \$3,000 for the and morgue fees, but will not include send out testing the body to the pathologists' laboratory in Des Moin	ng that is required for diagr	nosis. The transportation of
Authorized Hospital Per	rsonnel	
Address	City, State	e, & Zip Code

Note: The Physician Authorization Form must be completed by the physician requesting the autopsy.

Telephone consent is not permitted by Iowa law.

Reviewed: 6/2017 LAA, 7/2018 LAA