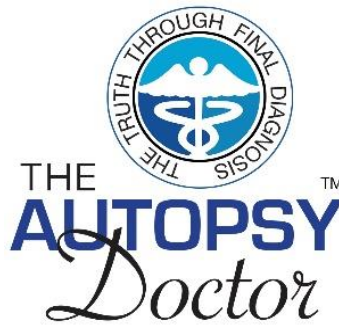


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 30+ years autopsy/consult experience
 7000+ career autopsies
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Authorization for Mesothelioma Lung Study

Payment is made up front. Transportation fees or room usage will be billed to requesting party. Written report is usually complete within 30-60 days. Requires special stains.

Name of Decedent: (print)	Male/Female	Race:	Weight: _____ approx. pounds
Birth Date:	Date of Death:		Age:
Location of Death:			
Name of Facility taken to:		Contact Person:	
Facility Address:		Contact Phone:	
Return to same facility? Yes / No If no, where are they being taken?			
Medical History: _____ _____ _____ _____			
Type of work: _____ Where was supposed exposure? _____			
Smoking history? _____			
Previous biopsies/surgeries? (where/when) _____			
Is quantitation or digestion of tissue fibers needed (discuss with lawyer/additional fees apply)? Yes / No			
Do you wish us to retain lungs for two years (storage/disposal fee applies)? Yes / No			
Has/will a Medical Examiner or Coroner been notified of death?: Yes / No County: _____			
Will decedent be embalmed after recovery? Yes / No		Burial or cremation? _____	
SIGNATURE			
Next of Kin Printed Name: _____			
Next of Kin Signature: _____			Date : _____
(Circle: Executor of estate, power of attorney, spouse, adult child, parent, sibling, _____)			
Cell: _____		Home: _____ Email: _____	
Address for report: _____ _____ _____			