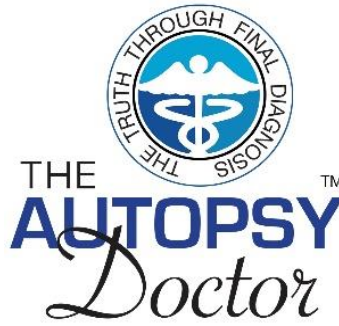


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Authorization for Mesothelioma Lung Study

Payment is made up front. Transportation fees or room usage will be billed to requesting party. Written report is *usually* complete within 90-120 days. Requires special stains which takes additional time.

Decedent: (print) Male/Female Race: _____	Weight: _____ approx. pounds	
Name: _____	Age: _____	
Birth Date: _____	Date of Death: _____	Location of Death: _____
Name of Funeral Home: _____	Contact Person: _____	
Address: _____	Contact Phone: _____	
Return to same facility? Yes / No If no, where are they being taken? _____		
Medical History: _____ _____ _____		
Type of work deceased did: _____		
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 past two years (storage/disposal fee applies)? Yes / No		
Has the Medical Examiner or Coroner been notified of death?: Yes / No County: _____		
Will decedent be embalmed after recovery? Yes / No Burial or cremation? _____		
SIGNATURE AND FINANCIAL RESPONSIBILITY (If second person financially responsible, include too.)		
Next of Kin Printed Name: _____		
Next of Kin Signature: _____ Date : _____		
(Circle: Executor of estate, power of attorney, spouse, adult child, parent, sibling, _____)		
May also speak to: _____ Relation: _____ Phone: _____		
Cell: _____ Home: _____ Email: _____		
Address for report and billing: _____		