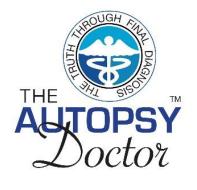
## Daniel L Schultz, MD President

AP/CP/FP Board Certified Pathologist 33+ years autopsy/consult experience 7000+ career autopsies Licensed in California, Florida, Georgia, Michigan, and Ohio



American Academy of Forensic Sciences - Fellow Florida Association of Medical Examiners - Member National Association of Medical Examiners - Fellow

> Phone: 727-639-1897 Fax: 813-830-7420

## **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 120 - 180 days and emailed. Requires special stains which takes additional time.

· · ·	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 fa	cility? Yes / No If no, w	here are they being taken?	
Medical History:			
Type of work dece	eased did:		
Where was suppos	sed exposure?		
Smoking history?			
Previous biopsies/	surgeries?		
(where/when)			
	_	needed (discuss with lawyer ars (storage/disposal fee app	/additional fees apply)? Yes / No lies)? Yes / No
Has the Medical E	xaminer or Coroner been	notified of death?: Yes / No	o County:
Will decedent be e	embalmed after recovery?	Yes / No Burn	ial or cremation?
SIGNATURE AND FINANCIAL RESPONSIBILITY			(Include payee if different than authorizer)
Next of Kin Printed Name:			_ Payee:
Sign and date:		//	Payee: Xarent, sibling,)
(Circle: executor of	of estate, health care surre	ogate, spouse, adult child, p	arent, sibling,
May also speak to: _		Relation:	Phone:
Cell:	Home:	Email:	
Payee billing addr	ress:		
400/	f: 20 l		
10% monthly late fe	es after 30 days on unpaid	balances on completed work.	