AUTOPSY REQUISITION

Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:
N-LNC Specimen Processing, 2800 Plymouth Rd, Bldg 35, Ann Arbor, MI 48109-2800

Client

Ward

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Fetal/Neonatal Autopsy: Mother's Last Mother's First

Ordering Doctor: Last First NPI#

Ordering Doctor: Phone Fax

Date of Death: Time of Death ○am ○pm

Bill To: All autopsies will be billed to the Client/Referring Institution

Medical Examiner cases must be referred to the Medical Examiner in the county in which the death has occurred. MLabs does not accept family directed cases. All cases must be requested by a clinicians. To make arrangements for family directed cases, please contact your local funeral home.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS (PRIMARY CONTACT)

Referring Provider Referring Institution Phone Fax

Address City State ZIP Country

Clinician who requested autopsy (REQUIRED) Phone Fax

PATIENT HISTORY/DIAGNOSIS – REQUIRED INFORMATION (FILL OUT COMPLETELY AND SEND WITH AUTOPSY SPECIMEN TO ENSURE TIMELY RESULTS.)

☐ Attach signed legal authorization by the decedent's next of kin or other approved entity permitting the autopsy to be performed.

☐ Attach relevant and complete history and medical records to include physician's notes, obstetric history, labor and delivery, neonatal admission and exam, admission and discharge summary, laboratory, and/or ultrasound reports as applicable.

☐ Follow hospital COVID-19 and infectious disease pre-screening guidelines and include notification if the patient is positive for COVID-19 or any other infectious etiology that may put technical personnel at risk.

AUTOPSY SPECIMEN TYPE

☐ Adult

☐ Pediatric (live born)

☐ Fetal Exam (stillborn) (includes Placenta)

☐ Brain only

☐ Other, please specify: _____

CAUSE OF DEATH

Immediate cause of death (indicate disease, injury or complication which directly caused death) — Approximate interval between onset and death

Additional conditions, if any, leading to immediate cause.

Underlying cause (disease or injury that initiated events resulting in death).

Other significant conditions contributing to death but not resulting in the underlying cause

Specific Questions to be Addressed

DISPOSITION

☐ Release Autopsy Specimen To:

Funeral Home: _____

Address/City: _____

Phone: _____

☐ Return Autopsy Specimen to Referring Facility

Contact Person: _____

Phone Number (to arrange transport): _____

☐ Other, please specify: _____