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

FORENSIC CONSULT FOR CARDIOVASCULAR PATHOLOGY / NEUROPATHOLOGY

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 forensic consultations will be billed to the Client/Referring Institution.

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

Requesting Physician Referring Institution Phone Fax

Address City State ZIP Country

PATIENT HISTORY/DIAGNOSIS

☐ 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.

Brief description of Clinical History and Indications:

SPECIMEN INFORMATION

Case/Accn#: _____

Please check all applicable:

Specimen(s):	☐ Heart	☐ Aorta	☐ Brain	☐ Dura Mater	☐ Pituitary	☐ Spinal Cord	☐ Other (please specify):
Fresh weight: (If applicable)							

CARDIOVASCULAR SPECIMEN(S)

Cardiac specimens must be thoroughly irrigated prior to placing in formalin. Height of decedent: _____ Weight of decedent: _____

NEUROPATHOLOGY SPECIMEN(S)

All specimens must be placed in 10% formalin for a minimum of 14 days prior to scheduled conference date.
NOTE: If there is concern for ruptured saccular aneurysm, please rinse subarachnoid blood with water +/- hydrogen peroxide prior to fixation.

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

☐ Return Autopsy Specimen to Referring Facility

Contact Person: _____

Phone Number (to arrange transport): _____

☐ Other, please specify: _____