



# The Children's Hospital of Philadelphia®

Department of Pathology and Laboratory Medicine

Division of Anatomic Pathology

## Autopsy Checklist

The following checklist must be complete prior to sending the body for autopsy

\*\*\*\*\*Please return this checklist with the paper work\*\*\*\*\*

1.  Call The Children's Hospital of Philadelphia at 215-590-1728 or 1729.
2.  Completed Autopsy Permission
  - a. It must specifically authorize the Division of Anatomic Pathology at The Children's Hospital of Philadelphia to perform either a complete autopsy or clearly specify any restrictions.
  - b. Agreement of both parents is required (signature of one parent is acceptable if there is only one legal parent or both parents agree but one is unable to sign).
3.  Completed Death Certificate
4.  Copy of mother and neonate's chart
5.  Completed Summary of Clinical History Form (specific questions for autopsy with clinicians contact information).
6.  Body and placenta in case of fetal/perinatal autopsy (refrigerated)
7.  Complete billing information (we do not third party bill)
8.  Information on where and to whom the report should be sent

Client or Referring Address (Send results to):		Billing Address (if different from Client):	
Name:		Name:	
Address:		Address:	
City:		City:	
State, Zip:		State, Zip:	
Phone:		Phone:	

By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at [www.chop.edu/labs](http://www.chop.edu/labs) and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.