REQUEST FOR AUTOPSY/CONSENT FORM IOWA PATHOLOGY ASSOCIATES, P.C. 1212 PLEASANT #LL3 DES MOINES, IA 50309

I the undersigned hereby request Iowa Patholo perform an autopsy upon the body of:	ogy Associates, I	P.C. and their autho	rized personnel to
Name of Deceased	Date of Bir	th So	oc. Sec. Number
It is understood that the physician who performs of the examination and may retain organs or be			
The undersigned further represents that he/she of priority for giving consent as set forth in Io spouse; then an adult son or daughter, then e other person authorized or under obligation to	owa Code 144:56 either parent, adu	The order of prior lt brother or sister,	rity is first the guardian or any
The undersigned further states that he/she at to contrary indications by the decedent or actual prior class, has custody of the body of said dethis examination.	notice of opposit	tion by a member of	of the same or a
PERMISSION: Nearest Relative (Iowa Code 144:56)		Witness	
Printed Name		Date	
Relationship			
Address City, State &	& Zip Code		
Signature			
PAYMENT: The pathologists shall bill the Hospital \$3,000 f and morgue fees, but will not include send out to the body to the pathologists' laboratory in Des M	esting that is requi	ired for diagnosis. T	The transportation of
Authorized Hospital	l Personnel		
Address		City, State, & Zi	p Code

Note: The Physician Authorization Form must be completed by the physician requesting the autopsy.

Telephone consent is not permitted by Iowa law.

Reviewed: 5/2024 LAA