

 **Lone Star Autopsy LLC**

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Dallas, TX 75214-0647  
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**OFFICE: (214) 699-8829**

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**Autopsy Consent Form**

I request and authorize Lone Star Autopsy and its Pathologists or consultants to perform an autopsy on the remains of:

\_\_\_\_\_ Legal Name of deceased

and I authorize the removal, retention, examination and subsequent disposal of such organs, tissues and parts for diagnostic, scientific, academic or therapeutic purposes as the pathologist or his associates or consultants deem necessary and proper.

**This authorization shall be subject to the following restrictions:**

\_\_\_\_\_ If none, write NO RESTRICTIONS.

I also authorize the remains to be transported to the facility selected by Lone Star Autopsy in order to perform the autopsy.

I represent that I am the legal next of kin with the following relationship:

\_\_\_\_\_ \*Relationship

of the deceased and entitled by law to control the disposition of the remains.

I understand that a prepayment of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00)** is required before the autopsy is performed. Payment may be credit card, money order, or cashier's check payable to Lone Star Autopsy LLC. This \$2,500.00 fee includes a detailed macroscopic and microscopic examination with typed report but does not include fees for services that are provided by consultants of this office (such as immunohistochemical stains, chemical laboratory studies, toxicology, DNA studies, consultations with other specialists, etc.) Any extra costs for such services will only be done with prior approval of the legal next of kin. Further, this autopsy fee does not include any time which may be now or later requested of the pathologist(s) as a professional witness.

Name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* ORDER OF NEXT OF KIN

1. Spouse
2. Adult Child
3. Guardian or court having care of minor child
4. A parent
5. A legal guardian
6. The next of kin (other relative)

(Ref: Texas Code of Criminal Procedure Art. 49.13)