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## AUTHORIZATION FOR TOXICOLOGY

### Section 1.

Name of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Section 2.

The following people, in the order listed below, are authorized to give permission to perform a toxicological analysis.

I am the deceased's:

- Healthcare agent and the healthcare power of attorney
- Personal representative of the estate
- Spouse
- Adult child or stepchild
- Parent or stepparent
- Adult brother or sister
- Guardian
- Relative who accepts responsibility for disposing of the body
- Any other person obligated to dispose of the body

### Section 3.

I authorize Autopsy PC to collect blood, urine, or vitreous humor samples from the body for toxicology testing. I give permission for Autopsy PC to retain and dispose of the samples. The sample will not be released to anyone other than an accredited lab or licensed physician.

If the above samples cannot be collected, I authorize Autopsy PC to perform an abdominal incision and obtain liver tissue for toxicology testing. I give permission for Autopsy PC to retain and to dispose of the sample. The sample will not be released to anyone other than an accredited lab or licensed physician.

**Section 4.**

Please enter below the name, address and phone number of the funeral home and the name of the funeral director assisting you: \_\_\_\_\_

**Section 5.**

\_\_\_\_\_ I understand that the final report will take at least 8 weeks, depending on the complexity of testing.

**Section 6.**

\_\_\_\_\_ I understand that the best way to communicate with Autopsy PC is via email ([dr.hall.autopsypc@gmail.com](mailto:dr.hall.autopsypc@gmail.com)). Phone or text messages may not be answered in a timely manner.

**Section 8.**

\_\_\_\_\_ I understand that the sample will not be collected until payment is made in full.

**Section 9:**

\_\_\_\_\_ I understand deposition, court testimony or discussion with attorney(s) will result in additional charges.

**Section 10.**

I am at least 18 years old. I do not know, or anyone described in section 2 on the list above me who does not want toxicology performed. I do not know of any reason why the deceased would not want a toxicology done. I acknowledge that I have read this document, understand the content of this form, have had the opportunity to ask questions, all my questions have been answered to my satisfaction, and that all requested information has been completed. I sign this form voluntarily.

Signature of Next of Kin/Power of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Witness: \_\_\_\_\_