



**FORENSIC MEDICAL OF KS, LLC.**  
**40 South 18<sup>th</sup> Street, Kansas City Kansas 66102**  
**913-299-1533 Fax:913-912-1388**  
[contactus@forensicmedks.com](mailto:contactus@forensicmedks.com)

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## **PRIVATE AUTOPSY INFORMATION**

### **General Information:**

The autopsy permit must be filled out completely. The legal next of kin must sign the autopsy permit where noted and a witness must also sign the permit. If there are individuals who share legal next of kin, all parties of the same rank must sign the autopsy permit.

Our office would recommend the legal next of kin also complete an authorization to release medical information. This allows Forensic Medical of KS the ability to order medical records from attending physicians and/or hospitals for the forensic pathologist to review and interpret along with autopsy findings, if needed. The legal next of kin should complete the top portion of the authorization to release medical information form.

Prior to a case being accepted for private examination, the legal next of kin must contact Forensic Medical of KS, LLC. to discuss case information and information looking to be obtained to determine if it is a case our office is willing to accept. We are not accepting COVID-19 positive decedents for private cases.

### **Payment Information:**

Forensic Medical will accept a cashier's check, money order, or credit card as a form of payment. There is a 3% processing fee to run a credit card. We do not accept cash or personal checks. If a cashier's check is used for payment, the check should be made out to Forensic Medical of KS, LLC. All payment is required in full and up front prior to any examination or transportation of the body.

**Autopsy Examination** (with no additional testing or transportation): \$3,000.00

**Second or Re-Autopsy Examination:** \$3,500.00

**Autopsy on an embalmed individual:** \$3,500.00

**Neuropathology Exam/Consultation:** \$3,500.00-\$5,000 (dependent on additional testing required)

**Toxicology testing:** \$500.00

**Histology/Other Additional testing:** Please consult investigator about what specific testing you are looking for when reporting case information for further quote, ranges from \$500.00 to \$1,500.00.

**Transportation:** Our office can obtain a quote for transportation fees, if needed. This will be dependent on mileage and transportation company availability.

For **research purposes**, harvesting a whole brain or sectioning protocol of ½ fixed, ½ frozen is \$1,250.00 plus shipping and transportation separately. Brain and spinal cord harvesting is \$1,500.00 plus shipping and transportation separately. Next of kin authorization, harvesting protocol, and shipping materials must be provided by research facility. Research cases accepted dependent on technician availability for timeframe.

If there are any questions regarding autopsy paperwork, payment, or general questions, please call Forensic Medical of KS, LLC. at 913-299-1533 on Ext. 1 to speak with an investigator.



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**AUTOPSY PERMIT**  
**(Initial each paragraph when read)**

I (We), the undersigned, hereby give permission to Forensic Medical of Kansas, LLC to perform a complete and unrestricted autopsy on the body of the deceased: \_\_\_\_\_. I (We) do affirm that I (We) am (are) the next of kin with the legal authority to determine the disposition of the remains and agree to hold harmless and free of liability Forensic Medical of KS, LLC. and its employees in the duties associated with the performance of the autopsy and any related investigation. Permission is granted for the dissection and retention of tissues for investigative, diagnostic, research, and teaching purposes, with similar permission for the use of photographs and any other documentation. Permission is also granted to discuss this case with, and release information to, health care providers who were involved in the clinical management of the patient during life. **(Initials \_\_\_\_\_)**

I (We) understand that autopsy may not answer the questions for which the examination is performed. **(Initials \_\_\_\_\_)**

I (We) have discussed any concerns about this permit with legal counsel. **(Initials \_\_\_\_\_)**

I (We) agree to pay all expenses incurred from the autopsy and the related investigation. There is an up-front fee due to Forensic Medical of Kansas for the use of the facility, the autopsy, professional fee, and related services. Some special studies may require additional payment. If so, the next of kin will be so informed prior to authorization of such study. **(Initials \_\_\_\_\_)**

ALL NEXT OF KIN OF EQUAL RANK MUST SIGN THE PERMIT. **(Initials \_\_\_\_\_)**

Date: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

**Patient:**

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

By signing this authorization, I request and authorize all patient healthcare information to be released to Forensic Medical of Kansas, LLC.

**Authorizing Party/Legal Next of Kin:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Relationship to deceased: \_\_\_\_\_

**Information to be sent to:**

Forensic Medical of KS, LLC.  
40 S. 18<sup>th</sup> Street  
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Requested Healthcare information to be provided on separate request for records form.