



Disciplines

- Autopsy and Surgical Pathology
- Pediatric, Perinatal Pathology
- Placenta, POC, Moles Evaluation
- IT, Telepathology
- Administration

Services

- Tissue Exam
- Slide Review
- Medical-Legal Review
- Private Autopsy
- Build Infrastructure

AUTOPSY PATIENT INFORMATION CASE # _____ :

Patient:

Name: _____

Date of Birth: _____

Social Security Number: _____

Medical Record Number: _____

Address: _____

Autopsy Permit Signer:

Name: _____

Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Send report to: _____

People that may discuss case with Dr. Luquette: _____

Disposition (*not applicable if autopsy done at the funeral home handling deceased*):

(funeral home to be notified at completion of autopsy - name, address and phone number)

Location Autopsy Performed:

Patient History:

Date of Death: _____ Time of Death: _____

Death Certificate:

- Manner of Death: _____

- Cause of Death on Certificate: _____

- Who signed Certificate: _____

- Location of death: _____

Patient's condition prior to death: _____

Patient History: known diseases or conditions in patient (check those that apply and explain below):

Skin __, Muscles-Nerves __, Bones-Joints __, Arthritis __, Brain __, Stroke __, Alzheimer's Disease __, Eyes __, Ears __, Nose __, Mouth __, Throat __, Esophagus __, Stomach __, Intestines-Colon-Rectum-Anus __, Ulcerative Colitis __, Crohn's Disease __, Diverticulitis __, Diarrhea __, Constipation __, Liver __, Gall Bladder __, Pancreas __, Breathing __, Cough __, Lungs __, Pneumonia __, Asthma __, Bronchitis __, Emphysema __, Chest Pain __, Angina __, Coronary Artery Disease __, Heart Disease __, Heart Attacks __, Congestive Heart Failure __, Pacemaker __, Blood Vessels __, Aorta __, Arteries and Veins in Legs __, High Blood Pressure (hypertension) __, Diabetes __, Kidneys __, Bladder __, Breast __, Prostate __, Ovaries __, Testicles __, Recent Pregnancy __, Pregnancy related disease __, Pre-eclampsia __, Eclampsia __, Post-partum hemorrhage __, Vaginal Bleeding __, Infections __, Cancer __, Blood Disease __, Anemia __, Malaria __, AIDS __, Organ Transplant __, Other __:

Family History: major diseases in the family (use above list as a guide):

History of Exposure:

Recent travel in US (city, state, urban, rural): _____

Recent or frequent travel outside of US (country, region, urban, rural, length of trip): _____

Unusual diet: _____

Exotic pets: _____

Chemical or Industrial Exposure: _____

Exposure to venomous insects or reptiles: _____

Swimming in lakes or ponds: _____

Comments (any information that you think is important):

Questions that you have or would like answered:
