



### 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 SERVICE CONTRACT

This contract is between Dr. Mark Luquette, a pathologist, and the financially responsible party, \_\_\_\_\_, who agrees to pay Dr. Luquette for autopsy services (print name) performed on the deceased person, \_\_\_\_\_ as follows:

1. A base charge of US\$ \_\_\_\_\_ will be paid in advance prior to the procedure.
2. Charges for ancillary studies will not be required unless approved first by the above financially responsible party. Ancillary charges to be paid in advance equal US\$ \_\_\_\_\_.
3. Should Dr. Luquette be called to testify in a deposition, trial, or other legal proceeding, the above financially responsible party agrees to compensate Dr. Luquette for his time in these endeavors at a rate equivalent to his currently published rates for testimony as an expert witness.

The following is understood:

1. Only the next of kin that signed the autopsy permit (a document different from this one) will be issued a copy of the autopsy report. If the financially responsible party is someone other than the next of kin, they will not receive a copy of the report.
2. The autopsy report is a medical record protected by privacy laws (HIPPA) and is not a public document.

Payment can be made in cash, by credit card, or using PayPal (to [mark@buildabye.com](mailto:mark@buildabye.com)).

The undersigned (except witness) agree to the above terms, a binding contract:

\_\_\_\_\_  
 Mark Luquette, M.D. (date)  
 Physician performing the autopsy.

\_\_\_\_\_  
 Print name of financially responsible party. (date)

\_\_\_\_\_  
 Signature of financially responsible party.

\_\_\_\_\_  
 Print name of witness. (date)

\_\_\_\_\_  
 Signature of witness.