



OFFICE OF THE
MEDICAL INVESTIGATOR

Neuropathology Consultation Chain of Custody

Date of Request: ___/___/___

Name of Decedent (Last, First, MI): _____

Date of Birth: ___/___/___ Date of Death: ___/___/___ Case #: _____

Requestor's Information

Name: _____

Requesting Agency: _____

Requesting Phsician: _____

Physical Address: _____

Phone #: _____ Fax #: _____

Indicate which specimens or materials are being sent to OMI for consultation:

Brain Dura Spinal Cord Eyes Paraffin Blocks H&E Slides Autopsy Report

Other: _____

Specimens to be returned to requesting agency: Yes ___ No ___

Requesting Agency Signature: _____ Date: _____

This bottom section is for OMI personnel use. A copy will be sent with the returning specimens.

Case #: _____ Consulting Physician: _____

Indicate which specimens or materials are being returned to requesting agency:

Brain Dura Spinal Cord Eyes Paraffin Blocks H&E Slides Autopsy Report

Other: _____

OMI Signature: _____

Packaged By: _____ Date: _____

Shipped By: _____ Date: _____

Tracking #: _____ Pick Up Confirmation #: _____

Date: _____ Time: _____



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Decedent's Last, First name _____

Time & Date Pronounced _____

Date of Injury _____

Legal Next of Kin Name _____

Legal Next of Kin Telephone Number _____

Legal Next of Kin Address _____

Case History
