PhysLab®

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AUTOPSY FUNDING REQUEST

Patient Name:	Date of Birth:
Date of Death:	Location of Death:

I, the county attorney authorized to request an autopsy on the decedent indicated above, hereby request funds from the Department of Health and Human Services (DHHS) for the cost of this autopsy. I understand that these funds are available for suspected overdose cases only. Additionally, I recognize that all costs associated with the transport of the decedent to and from the morgue will be the responsibility of the county.

Extent of Autopsy Examination

☐ Complete Autopsy Including Toxicology

☐ Toxicology Only

By signing the form below, I give permission to Physicians Laboratory (PhysLab) to release a copy of the autopsy and/or toxicology report with de-identified data to DHHS. It is the responsibility of both DHHS and PhysLab to appropriately safeguard all protected health information as required by the provisions enacted by the Health Insurance Portability and Accountability Act (HIPAA).

PRINTED NAME:	COUNTY:
SIGNATURE:	DATE:

County Attorney - Please email a copy of this completed form to:

Overdose Data to Action Program
Division of Public Health
Nebraska Department of Health and Human Services
Email: dhhs.pdmp@nebraska.gov

APPROVED BY (DHHS) – PRINTED NAME:	TITLE:
SIGNATURE:	DATE:

DHHS: Please email completed form to PhysLab:
Erin Linde, M.D./Forensic Pathologist/ E-mail: elinde@physlab.com