

**TRANSFER OF DECEDENT FROM HOME OR INSTITUTION
FOR TUMOR DONATION**

Name of Decedent _____

1. Legal Next of Kin/Power of Attorney for Health Care

I, _____, being legal next of kin or court-appointed Power of Attorney, hereby authorize release of the decedent to Autopsy Center of Chicago through the below named Funeral Director, Funeral Home or Transport Agency.

If the decedent is at an Institution, I hereby authorize the Institution to release the decedent to Autopsy Center of Chicago through the below named Funeral Director, Funeral Home or Transport Agency.

I represent that my relationships to the deceased is: _____
(husband/wife, sister/brother, father/mother, Power of Attorney for Health Care, etc.).

I further represent that the following Personal Effects are attached to or accompany the Decedent at the time of release. *If no personal effects accompany the decedent, write "none."* _____

Signature of legal next of kin
or Power of Attorney for Health Care

Date

2. Leave this section blank if the Decedent is transported from home.

Name of Institution: _____

I, _____ (Institution Representative) hereby authorize release of _____ (Decedent name) to Autopsy Center of Chicago through the funeral director, funeral home, or transport agency noted in Part 3.

I further represent that the following Personal Effects are attached to or accompany the Decedent at the time of release. *If no personal effects accompany the decedent, write "none."* _____

Signature of Institution Representative

Date

**TRANSFER OF DECEDENT FROM HOME OR INSTITUTION
FOR TUMOR DONATION (page 2)**

Name of Decedent _____

3. Name of Funeral Director,

Funeral Home or Transport Agency: _____

I, _____ (name of Funeral Director,
representative of Funeral Home or representative of Transport Agency) confirm and certify that I have
made the removal of and confirmed the identity of the decedent before transporting from
_____ (name of Institution) on
_____ (date) _____ (time) am/pm.

Signature of Funeral Director
or Representative

Date

4. Autopsy Center of Chicago

I, Ben Margolis, M.D. or my authorized representative, _____ (name of
authorized representative; if none, write "none") confirm and certify that I have received the decedent at
_____ (name of receiving facility) and have inventoried and accounted for any
personal effects.

_____ I further confirm and certify that I am in agreement with the list of personal effects listed in Part 1
and Part 2.

_____ I confirm and certify that I am not in agreement with the list of personal effects listed in Part 1 and
Part 2 with the following discrepancies noted: _____; and
that I have notified the Institution and legal next of kin/power of attorney for health care of this
discrepancy.

Signature of Dr. Ben Margolis
or Representative

Date