Children's Hospital Colorado
Here, it's different.

Autopsy Consultation

Thank you for considering Children's Hospital Colorado (CHCO) Department of Pathology and Laboratory Medicine (DPLM) for your autopsy consultation. Please read the below details to prepare to send a body to CHCO DPLM.

1. Setting Up a Client Account

All clients need to have an account created with our laboratory, we require that our Submitter Form (included) be fully completed and sent back to LabClientServices@childrenscolorado.org to begin that process. This process takes 24-48 hours to be completed. If you are an established client, we do not need you to fill out this form.

When transporting a specimen/body to our laboratory, you agree to our standard reference lab terms and agreements. If your facility requires a signed agreement to be in place, please let us know.

2. Autopsy Authorization Form

For all autopsies to be performed by CHCO, we need a completed authorization for autopsy form (included) signed by the legal next of kin or legally authorized representative. This form **must** be sent to the CHCO Pathology team by either email (pathologyoffice@childrenscolorado.org) or fax (720-777-7119) prior to any delivery of the body.

Please note:

- All liveborn decedents, the Coroner/Medical Examiner of the county in which the death/delivery occurred, must be contacted and the coroner's release of jurisdiction must be documented including name of individual contacted and date.
- Stillborn fetal deaths do not require Coroner/Medical Examiner release except in extenuating circumstances (fetal death due to maternal trauma, drug use, automobile accident)

If there is any request for tissue to be saved for research or other needs, please provide a copy of the research protocol with the authorization form.

3. Pricing and Invoicing

We will invoice your facility directly and payments can be made via check, card, or ACH/Wire transfer **within 45 days** of receiving the invoice. The invoice will indicate the below information and will be sent via email to the contact indicated on the Client Account Setup Form.

Service Description: Autopsy Consultation
CPT/PLA Code: 88099
Client Charge: $2,700.00 (*Addtl. charges may be incurred for genetic testing, please work with our team to identify those charges)*

4. Transportation Requirements

It is the responsibility of the individual/facility requesting the autopsy to find transportation by funeral home or coroner to CHCO Anschutz Medical Campus (AMC). We recommend working with a Funeral Director to coordinate transportation or you can reach out to any local courier services to see if they assist in body transportation.

The body will need to be brought down through the dock, located on the backside of CHCO. The transportation team will need to contact security (720-777-6301) during business hours to make arrangements. Please ensure that the body and container/bag are tagged with two unique patient identifiers (name, DOB, MRN – or mother's identifiers); this is a requirement for us to be able to accept the body.

After the autopsy is complete, CHCO will contact the funeral home or transport service designated for release of the body.

If you have any additional questions, please contact our Pathology team.

Pathology Office
pathologyoffice@childrenscolorado.org
Ph: (720) 777-6711

Affiliated with
University of Colorado
Anschutz Medical Campus

Children's Hospital Colorado
Here, it's different.™

Frequently Asked Questions

1. Are all Fetal Demise Autopsy Consultations the same?

No. There are two different fetal demise classifications. If the fetus is less than 20 weeks' gestational age and/or weighs less than 200 grams, the case will be accessioned as a Surgical Consultation (SC) rather than an Autopsy Consultation (AC). We use slightly different reporting format for these cases because the examination is more limited due to the small size of the fetus. In addition, Surgical Consultation cases do not include a Preliminary Anatomic Diagnosis (PAD) report.

2. What documentation and materials should accompany a fetal demise case?

We must receive the completed *Autopsy Authorization/Authorization for Postmortem Examination* form prior to the decedent's arrival. Please ensure that the "Limitations" section is either completed or that the "No Limitations" box is checked. Additionally, if the mother's MRN label is used on the authorization form, please clearly indicate "Fetus of (Mother's Name)" to avoid any confusion regarding the identity of the decedent.

- Fax the autopsy authorization to 720-777-7119 prior to transportation of the decedent.
- Please send the placenta with the decedent whenever possible.
- We request the following documents prior to delivery of the decedent to CHCO.
    - Disposition
    - Any Genetic Testing Orders/Requisitions
    - Obstetric Admission H&P
    - Labor & Delivery (L&D) notes
    - Placenta pathology report (if available)
    - Additionally, please include the gestational age and fetal weight, if known.
    - Please include a clear copy of all paperwork with the decedent.
    - Any Fetal imaging reports (i.e., ultrasound)

3. How long does it take to receive the final Fetal Autopsy Report?

The College of American Pathologists (CAP) considers 60 business days an acceptable turnaround time for autopsy reports. Due to the complexity of fetal autopsy cases and the need to incorporate ancillary testing results, final reports may take up to 60 business days to complete.

4. Will there be a Placenta Pathology report that is released at an earlier date than the Autopsy report?

No, the placenta report is wrapped into the autopsy/surgical consult report.

5. May we send a Placenta via FedEx?

Yes, you may send a placenta via FedEx from a hospital to CHCO provided it is handled as a Category B Biological Substance. This includes packing standards, approved outer boxes, labeling and use of gel packs or dry ice. Please refer to current FedEx requirements for packing and shipping Category B Biological Substances.

6. May we send a Fetal Demise via FedEx?

No. Human remains, including fetuses, may not be transported via FedEx. If a decedent is inadvertently shipped via FedEx, Children's Hospital Colorado will be unable to return the decedent. Alternative arrangements need to be made for retrieval. Please refer to the transportation requirements outlined on page 1.

7. If you contact the Pathology office regarding a fetal autopsy consultation case, please have the following information available:

- Mother's full name
- Mother's date of birth (DOB)
- If the decedent has a different last name than the mother, please provide the decedent's full name as well.

If you have any additional questions, please contact our Pathology team.

Pathology Office
pathologyoffice@childrenscolorado.org
P: (720) 777-6711

AUTOPSY SUBMISSION CHECKLIST

✓Autopsy Authorization Form

The Authorization for Postmortem Examination is a legal document and must be completed in its entirety before transportation of the decedent to CHCO.
Please ensure the following:

- The top section of the form is completed fully and accurately.
- If the mother's MRN label is used on the authorization form, clearly indicate "**Fetus of (Mother's Name)**" to prevent identification errors.
- The **Limitations** section must either be completed, or the **No Limitations** box must be checked.
- The provider obtaining consent must print their name legibly and sign the form.
- A parent or legal guardian signature is required in the appropriate section.
- If the parent is unable to sign in person, complete the section requiring two witness signatures. Both witnesses must print and sign their names. Please also add the name of the consenting parent and date.
- The bottom section of the authorization form must be completed by the same provider who obtained consent. This section is also used to request chromosomal and/or genetic testing.
- **The completed Autopsy Authorization form must be received prior to transportation of the decedent.**
  Please email completed form to pathologyoffice@childrenscolorado.org or Fax to 720-777-7119.

✓ Placenta Submission

- When submitting a fetal demise case, we request that the placenta accompany the decedent whenever possible, even if previously submitted for pathologic examination.
- If the placenta has already been submitted for pathology:
  - Please notify our office.
  - We will send a fax request for the placenta slides and pathology report.
  - Please ship the slides and report to CHCO as soon as possible.
- All submitted materials will be returned upon completion of the Autopsy and/or Surgical Consult report.

✓ Chromosomal and Genetic Testing Results

- If your institution has submitted specimens for chromosomal and/or genetic testing, please fax all available reports to our office as soon as they are received.
  Please email report to pathologyoffice@childrenscolorado.org or Fax to 720-777-7119.

✓ Transportation and Packaging Requirements

To preserve tissue integrity for examination, please follow these transportation guidelines:

- The fetus should be kept fresh and refrigerated. Do not freeze.
- We recommend securely wrapping the fetus in approximately two absorbent blue pads ("chucks"), placing the remains in a properly labeled biohazard bag, and transporting them in a hard-sided cooler, or appropriately labeled buckets or caskets are also acceptable.
- Transport in a cooler containing ice packs or ice. **Do not use dry ice.**
- Transportation must be arranged through a courier or funeral home. Cases should not be shipped via FedEx or other parcel delivery services.
- Referring facilities are responsible for arranging decedent transportation and pickup.

✓ Important Classification Information

- Cases involving a decedent who is less than 20 weeks' gestational age, and/or less than 200 grams in weight will be classified as a Surgical Consult rather than an Autopsy Consult.

Please note:

Surgical Consult cases generally do not include a Preliminary Anatomic Diagnosis (PAD) report. Upon completion of autopsy, a copy of the final Surgical Pathology report will be faxed to the

referring provider/institution.

✓ Required Documents for Fetal Demise Cases

**Please ensure all required document are included before the arrival of decedent. Please email completed forms/reports to pathologyoffice@childrenscolorado.org or Fax to 720-777-7119.*

- Authorization for Postmortem Examination (Autopsy Authorization).
- Disposition documents.
- Any chromosomal or genetic testing ordered and available results.
- Obstetric Admission History & Physical (H&P).
- Labor & Delivery (L&D) notes.
- Placenta report, if available.
- Relevant imaging reports.
- Gestational age and fetal weight, if known (please fax this information with the Autopsy Authorization form).

✓ Required Documents for Liveborn Cases

**Please ensure all required document are included before the arrival of decedent. Please email completed forms/reports to pathologyoffice@childrenscolorado.org or Fax to 720-777-7119.*

- Authorization for Postmortem Examination (Autopsy Authorization).
- Record of the Coroner release.
- Detailed clinical history.
- H&P
- Discharge summary.
- Imaging reports.
- Lab reports.

Return to:	CHCO Lab Client Services LabClientServices@childrenscolorado.org (720) 777-6711

Client Account Setup Form

Please complete the below requested fields to set up an account with Children's Hospital Colorado. Any missing information could cause delays. If you have questions, please email LabClientServices@childrenscolorado.org.

Note: Asterisks (*) denote required fields

A. Facility/Institution Information

Name*	
Address*	
Phone*	

B. Laboratory Information

Address (if different from above)		
Phone*		
Fax for Results*		
Email for Updates/Communication		
Primary Contact Information*	Name:	Title:
	Phone:	Email:

C. Billing Information

Bill to Entity*		
Billing Address*		
Billing Contact Information*	Name:	Phone:
	Email:	Fax:
Accounts Payable Contact*	☐ Check if same as billing contact Name: Email:	Phone:
Preferred Invoice Method*	☐ Email ☐ Mail	
Invoice Payment Method*	☐ ACH ☐ Wire ☐ Check	

Payment Terms: 45 Days

Once payments are 90 days past due, action will be taken to pause processing or withhold results until accounts are brought current.

By submitting an order through Children's Hospital Colorado, the authorized provider/entity attests that the test(s) being ordered has been determined to be medically necessary for the patient, certify that the results of this test will inform the patient's ongoing treatment plan, and certify that the test has been ordered by an authorized healthcare provider. Additionally, by submitting an order through Children's Hospital Colorado, you are automatically agreeing to our standard ref lab terms and agreement. To obtain a copy of this agreement please reach out to LabClientServices@childrenscolorado.org.

Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. • ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-1234. • CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-777-1234.

Children's Hospital Colorado

Authorization for Postmortem Examination, Page 1 of 1

Approved 9/16/2024

Place patient label here or complete this section prior to signing

Name of deceased (If decedent is a stillborn fetus, name may be listed as "Fetus/Baby of [Mother's Name]"): _____

Medical record number (Include MRN of mother for stillborn fetus):_____

Date of birth (or delivery if stillborn):_____

AUTHORIZATION FOR POSTMORTEM EXAMINATION

As parent or legal representative of the deceased, I hereby authorize **Children's Hospital Colorado,** its employees, agents and representatives, to conduct a postmortem examination upon the body of the deceased, including the removal and retention of such organs and parts of such organs and tissue as may be deemed proper by the examining physician in the interest of determining the cause of death and of advancing medical knowledge and progress.

It is understood that I may obtain a written report of findings from the Attending Physician.

Date and time of death (or delivery if stillborn):_____

Limitations (if any) must be listed:_____ ☐ No Limitations

_____ _____

Provider obtaining consent, printed name | Provider obtaining consent, signature

This section to be completed by the parent or legal representative of the deceased

Final Postmortem Exam reports will be available in MyChart if postmortem access is requested.

☐ Check here if you wish to receive a phone call from a provider or staff prior to the release of postmortem examination reports to MyChart. If not checked, reports will release directly via MyChart.

OR

☐ Check here if you do not wish to receive a phone call before the postmortem examination report is available in MyChart.

_____ _____

Printed name | Signature

_____ _____

Relationship to deceased | Date authorized

For Telephone Authorization - enter information above except signature of parent or legal representative. Telephone authorization requires two (2) additional witness signatures:

Witness #1 printed name:_____ Signature #1: _____

Witness #2 printed name:_____ Signature #2: _____

(TO BE COMPLETED BY PHYSICIAN OBTAINING CONSENT)

Brief clinical summary:

Specific questions or notes regarding the postmortem examination:

Chromosomal or genetic testing requested from this exam: ☐ No ☐ Yes ☐ Specify question: _____

Previous genetic testing: ☐ No ☐ Yes, CGL

☐ Yes, Other (please specify and fax test results to 720-777-7119):_____

Please list providers who should receive copies of the postmortem examination report.

Provider: _____ Provider:_____

Address: _____ Address: _____

Phone: _____ Phone: _____

Children's Hospital Colorado

Autorización para examen postmortem, Página 1 de 1

Aprobado 9/16/2024

Coloque la etiqueta del paciente aquí o llene esta sección antes de firmar

Nombre del fallecido (si el difunto es un feto que nació muerto, el nombre puede aparecer como "Feto/Bebé de [Nombre de la madre]"): _____

Número de expediente médico
(incluya el N.º de expediente médico de la madre para el feto que nació muerto):_____

Fecha de nacimiento (o parto si nació muerto):_____

AUTORIZACIÓN PARA EXAMEN POSTMORTEM

Como padre, madre o representante legal del fallecido, autorizo a **Children's Hospital Colorado**, sus empleados, agentes y representantes, a realizar un examen post mortem del cuerpo del fallecido, incluso la extracción y retención de dichos órganos y partes de dichos órganos y tejidos según lo considere apropiado el médico examinador con el fin de determinar la causa de la muerte y avanzar en el conocimiento y el progreso médicos.

Se entiende que puedo obtener un informe escrito de los hallazgos del médico a cargo.

Fecha y hora de la muerte (o del parto si nació muerto):_____

Se deben indicar las limitaciones (si las hay):_____ ☐ Sin limitaciones

_____ _____

Nombre en letra de imprenta del profesional sanitario que obtiene el consentimiento

Firma del profesional sanitario que obtiene el consentimiento

El padre, la madre o el representante legal del fallecido debe llenar esta sección

Los informes finales del examen postmortem estarán disponibles en MyChart si se solicita acceso postmortem.

☐ Marque aquí si desea recibir una llamada telefónica de un profesional sanitario o personal antes de la publicación de los informes postmortem en MyChart. Si no está marcado, los informes se publicarán directamente a través de MyChart. **O**

☐ Marque aquí si no desea recibir una llamada telefónica antes de que el informe del examen postmortem esté disponible en MyChart.

_____ _____

Nombre en letra de imprenta

Firma

_____ _____

Parentesco con la persona fallecida

Fecha autorizada

Para autorización telefónica: ingrese la información anterior excepto la firma del padre, la madre o el representante legal. La autorización telefónica requiere dos (2) firmas de testigos adicionales:

Testigo #1 nombre en letra de imprenta:_____ Firma #1: _____

Testigo #2 nombre en letra de imprenta:_____ Firma #2: _____

(PARA QUE LO LLENE EL MÉDICO QUE OBTENGA EL CONSENTIMIENTO)

Breve resumen clínico:

Preguntas o notas específicas sobre el examen postmortem

Pruebas cromosómicas o genéticas solicitadas de este examen: ☐ No ☐ Sí ☐ Especifique la pregunta: _____

Pruebas genéticas anteriores: ☐ No ☐ Sí, CGL

☐ Sí, otro (especifique y envíe los resultados de la prueba por fax al 720-777-7119):_____

Indique en una lista a los profesionales sanitarios que deberían recibir copias del informe del examen postmortem.

Proveedor: _____ Proveedor: _____

Dirección: _____ Dirección: _____

Teléfono: _____ Teléfono: _____

COLLEGE of AMERICAN PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

Children's Hospital Colorado
Main Laboratory
Aurora, Colorado
Jennifer O. Black, MD

CAP#: 2179701
CLIA#: 06D0513583

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **April 23, 2026** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Kathleen G. Beavis, MD
Chair, Accreditation Committee

Donald S. Karcher, MD, FCAP
President, College of American Pathologists



CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

CHILDREN'S HOSPITAL COLORADO
13123 E 16TH AVE
DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE B120
AURORA, CO 80045

CLIA ID NUMBER

06D0513583

EFFECTIVE DATE

02/09/2023

LABORATORY DIRECTOR

JENNIFER O BLACK M.D.

EXPIRATION DATE

02/08/2025

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Monique Spruill

Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

251 certs2_072523

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOCOMPATIBILTY (010)	07/19/2013
BACTERIOLOGY (110)	10/13/1995
MYCOBACTERIOLOGY (115)	09/09/2011
MYCOLOGY (120)	10/13/1995
PARASITOLOGY (130)	10/13/1995
VIROLOGY (140)	10/13/1995
SYPHILIS SEROLOGY (210)	11/17/2017
GENERAL IMMUNOLOGY (220)	10/13/1995
ROUTINE CHEMISTRY (310)	10/13/1995
URINALYSIS (320)	10/13/1995
ENDOCRINOLOGY (330)	10/13/1995
TOXICOLOGY (340)	07/15/1996
HEMATOLOGY (400)	10/13/1995

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
ABO & RH GROUP (510)	10/13/1995
ANTIBODY TRANSFUSION (520)	10/13/1995
ANTIBODY NON-TRANSFUSION (530)	10/13/1995
ANTIBODY IDENTIFICATION (540)	10/13/1995
COMPATIBILITY TESTING (550)	10/13/1995
HISTOPATHOLOGY (610)	10/13/1995
CYTOLOGY (630)	06/08/2006
CYTOGENETICS (900)	03/16/2000

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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.