

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

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

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

**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: _____



**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

EXPIRATION DATE

02/08/2025

LABORATORY DIRECTOR

JENNIFER O BLACK M.D.

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.



Monique Spruill

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

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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	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOCOMPATIBILITY (010)	07/19/2013	ABO & RH GROUP (510)	10/13/1995
BACTERIOLOGY (110)	10/13/1995	ANTIBODY TRANSFUSION (520)	10/13/1995
MYCOBACTERIOLOGY (115)	09/09/2011	ANTIBODY NON-TRANSFUSION (530)	10/13/1995
MYCOLOGY (120)	10/13/1995	ANTIBODY IDENTIFICATION (540)	10/13/1995
PARASITOLOGY (130)	10/13/1995	COMPATIBILITY TESTING (550)	10/13/1995
VIROLOGY (140)	10/13/1995	HISTOPATHOLOGY (610)	10/13/1995
SYPHILIS SEROLOGY (210)	11/17/2017	CYTOLOGY (630)	06/08/2006
GENERAL IMMUNOLOGY (220)	10/13/1995	CYTOGENETICS (900)	03/16/2000
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		

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.