**Autopsy Service Request Form / Contract for Service**

I agree to pay for the following service provided by SPG:

(Check box, sign, and fax back with Authorization for Autopsy)

* Complete/Unrestricted autopsy, including brain: $3,800
* Chest Only: $1,500
* Abdomen Only: $1,500
* Chest and Abdomen: $2,800
* Brain Only: $1,500

Check enclosed for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please mail personal or bank check to:

***Robert C. Babkowski MD FCAP***

***Chair of Pathology & Laboratory Medical Director***

***Stamford Hospital - Dept of Pathology & Laboratory Medicine***

***30 Shelburne Road***

***Stamford, CT 06897***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_