



**FORENSIC PATHOLOGY
ME Case Referral Information**

County: _____ ME Name: _____ ME Contact #: _____

Decedent name: _____ Date of birth: _____

Date/time last known alive: _____ Date/time pronounced dead: _____

Positively Identified? YES NO If no, how are we to identify? _____

Police agency: _____ Officer: _____

Type of exam (full, limited, external): _____ Funeral Home: _____

Circumstances of death/additional info/requests:

Please fax or email completed forms to 855-300-7312 or forensicpath@sparrow.org. We may not begin examination until this form is completed and submitted. Submission of this form constitutes consent/order for forensic autopsy.

Department of Forensic Pathology
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Lansing, MI 48912
517-364-2561