

Attachment 20 –  
42 CFR 37.202 Autopsy Invoice -- Sample



# Department of Pathology

West Virginia University  
Morgantown, WV 26506-8008  
304-293-3212 Fax: 304-293-6249

Invoice No.

## INVOICE

|                 |   |                  |         |
|-----------------|---|------------------|---------|
| <b>Customer</b> |   | <b>Date</b>      |         |
| <b>Name</b>     | NIOSH National Coal Workers Autopsy Study | <b>Invoice #</b> | NIOS114 |
| <b>Address</b>  | 1095 Willowsdale Road                     | <b>Rep</b>       |         |
| <b>City</b>     | Morgantown State WV ZIP 26506             | <b>FOB</b>       |         |
| <b>Phone</b>    | (304) 235-5724                            |                  |         |

| Qty | Description   | Unit Price | TOTAL    |
|-----|---|------------|----------|
|     | Autopsy Service<br>The Department of Pathology, WVU Hospitals has not received compensation for the autopsy from the patient's widow, his surviving next-of-kin, the estate of the patient, or any other source.<br>Patient ID: | \$200.00   | \$200.00 |

|  |                                |          |
|--|--------------------------------|----------|
| <b>Payment Details</b><br><br>MAKE CHECKS PAYABLE TO<br>West Virginia University Hospital<br>Attn: 15 Anatomical Pathology | <b>SubTotal</b>                | \$200.00 |
|  | <b>Shipping &amp; Handling</b> |          |
|  | <b>Taxes WV</b>                |          |
|  | <b>TOTAL</b>                   | \$200.00 |
| <b>Office Use Only</b>   |                                |          |