



State of Louisiana

Department of Health and Hospitals
Office of Public Health

LOUISIANA CHILD DEATH REVIEW SUDDEN UNEXPECTED INFANT DEATH

CORONER'S INVOICE

PAYMENT REQUESTED FOR: _____ \$100 Death Scene Investigation (done 24 hrs.)

_____ \$ 500 Autopsy (external, internal, microscopic,
toxicology & summary report)

Coroner's Office: _____ Phone: _____

Child's Case No: _____ Date of Death _____

Certified Investigator: _____

Autopsy Conducted By: _____

Forensic Pathologist: Calcasieu Forensic Pathology, Inc. LA Forensic Center
 Jefferson Orleans St. Tammany LSUHSC

Make check payable to: _____ Vendor's Name

_____ Vendor's Fed Tax ID#. Date mailed: _____

Note: A W-9 form must be completed for the Vendor in order for payment to be made. Please return it with your invoice; unless you have previously submitted the W-9.

Mail/Fax invoice, autopsy, and/or investigation report, and W-9, if necessary, to:

Amy Zapata, MPH
Louisiana Child Death Review
Office of Public Health
1450 Poydras Street, Ste. 20325
New Orleans, LA 70112

Telephone: 504-568-3504
Fax: 504-568-3503

Approved for Payment by: _____ Date _____

Amy Zapata, MPH – Director Bureau of Family Health
Louisiana Child Death Review Medical Director

ORGANIZATION CODE 7620 REPORTING CATEGORY 0010

OBJECT 3440 []

OBJECT 3460 []

revised 02/03/2014