



Mid-America Transplant Services, 1110 Highlands Plaza Drive East, Suite 100 St. Louis, Missouri 63110  
 Main: 314-735-8200 Referral Hotline: 1-800-87-DONOR

**Medical Examiner/Coroner Inventory Sheet**

NAME OF DECEASED \_\_\_\_\_

AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

MEDICAL EXAMINER/CORONER CASE # \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

Description of Evidence/Specimen	Date/Time of Collection	Qty	Drawn By
<input type="checkbox"/> Blood	_____	_____	_____
<input type="checkbox"/> Vitreous	_____	_____	_____
<input type="checkbox"/> Urine	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

COMMENTS \_\_\_\_\_  
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