Pdf Instruction | Reset Form

hus lab

Division of pathology

CONSENT TO FETAL AUTOPSY AND DECLARATION OF BURIAL PROCEDURES

This form must be sent with the deceased to the Meilahti department of pathology

SENDING HOSPITAL

	Department

IDENTIFICATION

Given names and family name	Personal ID

AUTOPSY/CHROMOSOME ANALYSIS/EXTERNAL EXAMINATION OF THE FETUS

- ☐ I consent to autopsy/chromosome analysis/external examination of the fetus
- ☐ I do not consent to autopsy/chromosome analysis/external examination of the fetus

BURIAL

- ☐ I will take care of the burial myself
- ☐ I want the hospital to take care of the burial

FUNERAL SERVICE

- ☐ I wish the funeral service in group for the fetus

TRANSPORT

- ☐ The deseaced to be transported back to sending hospital
- ☐ The deceased will not be transported to the sending hospital

SIGNATURE

Time and place	Signature and name in print

WITNESSES

Signature and name in print
Signature and name in print

20.4.2016

Print

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