

Consent to Release of Remains from Pregnancy Loss (miscarriage or stillbirth)

We would like to extend our condolences to you and your family during this difficult time. We understand that the loss of a pregnancy is a difficult experience for each individual and we are here to support you and answer your questions.

We promise to respect your wishes for caring and making arrangements for the remains of your baby. Please read the options on this consent form. Please feel free to ask for clarification from your Care Team if you have any questions. Let us know if we can be of assistance in any way.

Part 1: Choice for Disposition

(Available only for miscarriage/stillbirth) I consent to release the remains of my baby to Allina Health Laboratory for cremation. I understand that the ashes will be taken to a cemetery with shared designated space for the ashes, and the individual ashes cannot be returned. (The cremation is provided by Allina Health and there is no charge to you.)

I request that the remains of my baby be released to me for private arrangements. Standard Precautions have been discussed with me. I take responsibility for final care of the fetal remains and the filing of any necessary paperwork.

- Minnesota: Available for remains less than 5 weeks fetal age that have not come into contact with formalin.
- Wisconsin: Available if the remains have not come into contact with formalin.

I consent to release the remains of my baby to _____
(Name of Cremation Agency or Funeral Home)
for burial or cremation. I understand I am responsible to pay the funeral home for these services.

Part 2: Examination and Testing

(circle)

I **do / do not** request and consent to a non-invasive examination of the remains of my baby by the Allina Health Laboratory prior to release for burial or cremation. A more extensive examination and testing is available upon request. Costs incurred for the examination will be billed to insurance.

Signed: _____ Date: _____ Time: _____
Signature of Mother or other Person Responsible for Disposition

Release to a Funeral Home/Person Responsible for Disposition (Use for sites with no on-site morgue):

Signed: _____ Date: _____ Time: _____
Signature of Funeral Home or Person Responsible for Disposition

