

Allina Health Laboratory (AHL) Client Choices for Disposition, Testing & Examination of Pregnancy Remains

Name of Deceased (if applicable)	Date/Time of Death
Client Code:	Client Name
Client Contact Number:	
Provider Name:	Provider Contact Number:

Part 1. Pregnancy Remains Disposition Choice

Pregnancy remains will be examined and all testing completed before release or disposition. In the case that all the tissue/remains are absorbed in the testing process and there is not enough tissue to return or for a funeral home to provide ashes for ceremony or burial the client will be notified.

Select your choice for disposition:

Allina Health Hospital Disposition (available only if not liveborn and less than 20 weeks gestation)
 Hospital disposition means the pregnancy remains will be cremated. The ashes are placed in a designated space at Lakewood Cemetery (Minneapolis MN) that is shared with others. This means the individual ashes cannot be returned to you. The cremation is provided by Allina Health and there is no charge to you.

Funeral Home Disposition
 You may choose funeral home disposition for any pregnancy remains. You are responsible to contact the funeral home and pay the funeral home for these services. We will release the remains to the Cremation Agency or Funeral Home that you designate here:
 Name of facility: _____
 City, state: _____
 Phone number: _____

Return Pregnancy Remains to AHL Client (available only if not liveborn and less than 20 weeks gestation) (Surcharge Code LAB15252) (ATTN: ALLINA Histology Supervisor)
 Return fetal remains to authorizing AHL client after all testing has been completed. I acknowledge we will be responsible for courier charges associated with the pregnancy remains being returned to the authorizing Client. I acknowledge that a Histology surcharge for packaging and handling of pregnancy remains will be applied to my client account. *for safety reasons, pregnancy remains that have been preserved in formalin cannot be given directly to a patient.*

*** In Wisconsin, you may choose to make private arrangements for disposition, but for safety reasons, pregnancy remains that have been preserved in formalin cannot be given directly to a patient. (This option is not available for pregnancies greater than 5 weeks gestational age in Minnesota.)*

Signed: _____ Date: _____ Time: _____
Person Responsible for Disposition

Allina Health Laboratory Use Only

Histo Tech A# _____ Is the Specimen Being returned to the Client: _____
 Was the client notified if the tissue/remains were entirely submitted for testing: _____
Req Entry: Remains are being returned; has Lab15252 been added to the encounter: _____
Non Req Entry: Remains are being returned; I created Follow up task (Path Tissue Return) on the Case: _____

Part 2. Allina Health Laboratory Pregnancy Remains Pathology Examination/Autopsy Authorization

I give permission for the following type of examination:

- External examination only (no removal of organs)
- External AND internal examination (“autopsy”) including removal, testing, and retention of organs, organ parts, fluids, or tissues for diagnostic, scientific, or therapeutic purposes as the providers and surgeons deem proper.

I want the following RESTRICTIONS on the examination:

- None
- List Restriction(s): _____

Complete autopsy examination in no way precludes customary funeral practices. Restrictions may limit the quality of the information learned from the examination or autopsy.

Per our Patient’s request I consent to examination, testing, disposition, and release of the pregnancy remains according to my patient’s choices.

_____ Name of Deceased (if applicable) Date/Time of Death _____

Sign _____ Date: _____ Time: _____
Person Responsible for Authorization of Pathology Examination / Autopsy