Integrated Laboratory Medicine Directorate
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Newcastle Upon Tyne Hospital Release Form

All sections must be completed, countersigned by both parties and the next of kin before a release can take place.

SECTION 1: To be completed by the Funeral Director who has been granted permission from the family to transfer the patient into their care.		
Name of patient:		
Address:		
Postcode:		
Date of birth:		
Place of death (Ward no):		
NOK Print Name:		
Unique ID: DMCare centre reference:		
Cremation / Burial /Transfer (Circle as appropriate)		
SECTION 2: To be completed by Funeral Director & Trust staff member Patient property		
Jewellery YES/NO (if yes, please specify)		
Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify)		
Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify)		
Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify) Any other items YES/NO (if yes, please specify)		
Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify)		
Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify) Any other items YES/NO (if yes, please specify)		
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Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify) Any other items YES/NO (if yes, please specify) Funeral Company:		

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Body Release Checklist

Release paperwork The release paperwork must contain 3 identifiers for the patient		
Paperwork presented: (please tick as appropriate)		
· ·	☐ Burial Order or Form 6 ☐ Coroner's Release Form	
3 unique identifiers Three identifiers must be used from the release paperwork to correctly identify the patient. These must be checked at ALL stages below to ensure that the correct patient has been released. Please tick which 3 identifiers have been used for identification and initial.		
□ Name □ Address □ Date of birth □ Date of death □ Unique ID □ MRN number	Mortuary Staff Initials	
Patient information form (DPRF) The details on the patient information form must be fully compliant with that of the presented paperwork. ☐ Check for green RTS label (perinatal cases only) Door Card The details on the fridge door card have been checked against the release paperwork and the patient information slip. If same/similar name slip is displayed, check you have the correct patient. ☐		
Patient wristband The details on the patient wristband have been checked against the release paperwork and the patient information slip. □		
Mortuary register The mortuary register has been signed and completed fully by the attending funeral director. □		
Property book If required, has the property book been checked and all property has been appropriately released and signed out. □		
Cremation Forms If required, has the cremation forms been collected by the Funeral Company. □		

This form must be completed by the funeral director working on the authority of the family. The funeral director will take FULL responsibility for acting on behalf of the family.