

## 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: .....Date of death: .....

Place of death (Ward no): .....

NOK Print Name:.....NOK Signature:.....

By signing this form you are agreeing to allow the funeral director to transfer the patient from Newcastle hospital Trust into their care.

Unique ID: DM.....Care 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)

Any other items YES/NO (if yes, please specify)

Funeral Company: .....

When two funeral directors attend the mortuary to release a deceased patient, both must print and sign below.

Print Name:..... Signature: .....

Print Name:..... Signature: .....

Mortuary Staff Apex Code:..... Signature:.....

Date: ..... Time: .....

## Body Release Checklist

<b>Release paperwork</b>	
<b>The release paperwork must contain 3 identifiers for the patient</b>	
Paperwork presented: (please tick as appropriate)	
<input type="checkbox"/> Hospital Release Form <span style="margin-left: 200px;"><input type="checkbox"/> Coroner's Release Form</span>	
<b>3 unique identifiers</b> 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. <b>Please tick which 3 identifiers have been used for identification and initial.</b>  <input type="checkbox"/> Name <span style="margin-left: 150px;"><input type="checkbox"/> Address</span> <input type="checkbox"/> Date of birth <span style="margin-left: 150px;"><input type="checkbox"/> Date of death</span> <input type="checkbox"/> Unique ID <span style="margin-left: 150px;"><input type="checkbox"/> MRN number</span>	Funeral Company Signature          Mortuary Staff Initials
<b>Patient information form (DPRF)</b> The details on the patient information form must be fully compliant with that of the presented paperwork. <input type="checkbox"/> Check for green RTS label (perinatal cases only)	
<b>Door Card</b> The details on the fridge door card have been checked against the release paperwork and the DPRF. If same/similar name slip is displayed, check you have the correct patient. <input type="checkbox"/>	
<b>Patient wristband</b> The details on the patient wristband have been checked against the release paperwork and the DPRF. <input type="checkbox"/>	
<b>Property book</b> If required, has the property book been checked and all property has been appropriately released and signed out. <input type="checkbox"/>	

**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.**