



Authorization for Hospital Disposition of Fetal Remains

With my signature below, I _____ (patient name) hereby authorize hospital disposition of any fetal remains related to my encounter at UNM Hospitals on or about _____.

I acknowledge all of the following:

- I have been offered the option of collecting or arranging for disposition of the fetal remains, and I decline this option. I understand that this means that the University of New Mexico will coordinate disposition of these remains.
- I understand that the remains will be incinerated and that I will not be able to obtain them in the future.
- I have been given the opportunity to ask questions about UNM's disposition process, and all of my questions have been answered by my UNM Hospitals healthcare providers.

I hereby release the University of New Mexico and its affiliates and subcontractors from any liability or responsibility related to the disposition of these remains.

Signature: _____ Date: _____

Person obtaining authorization: _____ Date: _____



Hospital Attestation Regarding Disposal of Fetal Remains

Tracking #: _____

Pursuant to the Services Agreement between UNM Hospitals and FRENCH Funerals & Cremations, UNMH is requesting incineration and disposal of the fetal remains identified above.

With my signature below, I _____ (provider name) hereby attest to the following facts:

_____ UNMH obtained from the patient an Authorization for Hospital Disposition of Fetal Remains and has saved such Authorization in the patient's electronic medical record. In addition, I hereby attest to the following:

- The remains resulting from this patient encounter were never alive outside the womb and do not constitute neonatal remains.

OR

_____ Good-faith attempts to obtain an authorization were unsuccessful because of patient unavailability. In addition, I hereby attest to all of the following:

- The remains resulting from this patient encounter were never alive outside the womb and do not constitute neonatal remains.
- The patient left UNMH without signing an Authorization for Hospital Disposition of Fetal Remains.
- The patient has not responded to attempts by UNMH to contact the patient regarding disposal; or UNMH has been unable to obtain contact information in order to follow up with this patient.

Signature: _____

Date: _____