

### Fetal Remains Tracking and Removal Form

Patient Name: \_\_\_\_\_ Attending Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fetal Remains Unit Origin: \_\_\_\_\_  
 MRN: \_\_\_\_\_

*For provider completion*

OMI Case\*:  Yes  No If yes, name of OMI representative notified: \_\_\_\_\_  
 Autopsy:  Yes\*\*  No  Unknown Date/time of contact with OMI rep: \_\_\_\_\_

*\*OMI Cases include IUFs >20 weeks EGA or >500 grams AND delivered outside of the hospital.  
 \*\*If desire Autopsy, MD ensures patient completes "Consent and Authorization for Autopsy" form to accompany remains to OMI*

Fetus over 36 wks EGA?  Yes\*\*\*  No

*\*\*\*If yes, MD notifies New Mexico Donor Services (NMDS) 1-800-843-7672*

Name of the NMDS Coordinator notified: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

After screening by NMDS, is this a potential donor?  Yes  No

**Patient's final plan for disposition of fetal remains:**

Hospital Disposition (contract)  Patient  Funeral home - name \_\_\_\_\_

*For remains < 20 weeks and/or < 350 gms, MD or RN sends to Pathology with a requisition*

*For nursing staff completion*

Remains released by RN to:

**Identification must be checked and present with remains. For Hospital Disposition, use tracking ID and separate release form without PHI.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Date Released \_\_\_\_\_ Time Released \_\_\_\_\_

Print name of releasing RN/MD \_\_\_\_\_

Signature of releasing RN/MD \_\_\_\_\_