



Examination and Disposition Authorization

for Pregnancy Termination/Loss at 130/7 to 236/7 Weeks Gestation

Surgical Pathology Laboratory
Tissue Intake: (203) 200-4801 • NP 3-205
Fax: (203) 200-4800

SP#:

Pathology barcode

UNIT NO.:

NAME:

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, sex, and visit no.)

Table with columns: SERVICE, RESPONSIBLE M.D. (FIRST and LAST NAME), DATE, TIME, SIGNATURE, PHONE #, BEEPER #, CC: PHYSICIAN(S) (FIRST and LAST NAME)

I (please PRINT name), _____, hereby notify and authorize Yale-New Haven Hospital, Yale School of Medicine, their employees and members of their medical staffs, of my decisions regarding pathology evaluation and disposition of remains or tissues as noted below.

Complete both Section I Examination Authorization and Section II Disposition Authorization.

I. EXAMINATION AUTHORIZATION (for surgical procedure, complete section A only; for labor induction, complete section B only)

A. SURGICAL TERMINATION/LOSS BY DILATION AND EVACUATION (check one)

- Minimum Examination (External only) as required for evaluation of gestational age
Limited Pathology Examination as follows: _____
Complete Pathology Examination: I understand that this includes examination of organs and tissues to evaluate cause of death or suspected fetal abnormalities and to advance medical knowledge and progress. I understand that tissue not required for diagnosis may be used by the hospital or its designee for educational or investigative purposes.

B. LABOR INDUCTION TERMINATION/LOSS (check one)

- Minimum Examination (External only) as required for evaluation of gestational age
Limited or Complete Autopsy (must complete autopsy permission)

II. DISPOSITION AUTHORIZATION (check one)

< 20 WEEKS

- I (we) request disposal as per protocol for surgical specimen.
I (we) assume responsibility for the remains.
Funeral Home: _____ (if available)

≥ 20 WEEKS

- I (we) request Yale-New Haven Hospital to arrange for burial of the remains. I (we) understand that I (we) can contact the Brady Morgue at Yale-New Haven Hospital for the cemetery information, but that I (we) cannot attend the burial and that no personal marker will be placed.
I (we) assume responsibility for the remains.
Funeral Home: _____ (if available)

SIGNATURES

Signature lines for Patient, Person Obtaining Consent, Person Giving Telephone Consent, and Witness for Telephone Consent, including fields for Relationship, Date/Time, and Role.