HealthCare

PERMANENT RECORD
TO BE PLACED ON PATIENTS CHART
POSTMORTEM CHECKLIST

Complete each section either by the yes, no, or n/a response or by filling in requested information. As each item is completed in the signature box and complete the signature line at the bottom of the form.

<table>
<thead>
<tr>
<th>CHECK ONE</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

1. Identification of Death

Name of Resident/Attending pronouncing patient:

Notify next-of-kin: Name:

Notify the Maryland Donor Hotline (242-1172):

Name of Hotline representative:

Donor referral number:

Accepted as a potential donor by Hotline/Coordinator:

Notification of Administering:

Notification of Nursing Office/Supervisor:

Death certificate to Administering Office, Canon Ave. entrance:

Copy/Fax to Nursing Administration:

Medical Examiner Notified (333-2271):

Incomplete death certificate to Administering Office, Canon Ave. entrance:

Autopsy:

Autopsy form signed, incomplete death certificate, and chart to Administering Office, Canon Ave. entrance:

Body Preparation:

Body identified with patient's labels:

Shroud identified with labeled multicolored death tag:

Funeral Home Preparations:

Given to family. (Update Belonging List):

Rings taped to body:

Dentures in place:

Other:

SIGNATURE __________________________ PRINTED NAME __________________________ TIME ______ DATE ______

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Reviewed:
Revised: October, 1998
Storeroom Number: 784564100