

UIHC Autopsy Service

POSTMORTEM INVENTORY OF CLOTHING & PERSONAL EFFECTS

Patient Name: _____
Date initiated: _____ **Hospital Number (if applicable):** _____

DESCRIPTION (Completed by <u>Nursing</u> Staff or <u>Patient Family</u>)	DISPOSITION (Completed by <u>Autopsy</u> Staff)		
	UIHC	Funeral Home	Other (specify)
Clothing and Personal Effects: (Use multiple pages if necessary)			

Signature of nursing staff or family member releasing body (and clothing/effects if applicable) to autopsy staff or to transporting personnel:	Signature: _____ Print Name: _____	Date: _____	Time: _____
Signature of transporting personnel transferring body (and clothing/effects if applicable) to autopsy personnel:	Signature: _____ Print Name: _____	Date: _____	Time: _____
Signature of Autopsy Staff receiving body (and clothing/effects if applicable):	Signature: _____ Print Name: _____	Date: _____	Time: _____
Signature of person to whom the body (and clothing/effects if applicable) is released:	Signature: _____ Print Name: _____ Released by: _____	Date: _____	Time: _____