Highlands Pathology Consultants Products of Conception Release Form

AUTHORITY TO RELEASE PRODUCTS OF CONCEPTION

(Gestation Less Than 20 Weeks or Weight Less Than 350 Grams per TCA § 63-3-504)

Tennessee state law (TCA § 68-3-506) requires that authorization for final disposition of products of conception be obtained from the mother.

Following pathological analysis, I	request and cons	ent that Highlands Pathology Co	onsultants release the products of
conception delivered on(Date	by		to one of the following
(Date	e)	(Patient Name)	
[] Funeral Home(I	Decignate Name (of Funeral Home)	
[] Pathology Laboratory for Dispo	osal according to	state regulatory requirements	
Signature of patient or next of kin	**	Witness	Date
**In the event the patient is legally	y incompetent or	incapacitated, please obtain sign	nature of the father or next of kin
If the patient refuses to designate repatient's medical record, and the period will be disposed by the facility according to the second	roducts of concep	ption will be retained a minimur	n of four (4) weeks after which i
The pathological examination of p		LOGY RELEASE ption from patient,	
Medical Record #	_ has been comp	leted.	
[] Environmental Services Notific	ed [] Funer	al Home Notified [] Nursing	ng Office Notified
(Signature of Pathology Represent	rative)	(Date)	
I hearby release the products of co		O FUNERAL HOMI	E
delivered ont	_	(Patient name)	agual Hama
(Date)	.0	rui	ierai noille.
Released by:		Date	
Received by:		Date	
*If weight greater than 350 grams,	Release of Body	consent must be used with proc	cessing through funeral home.
Discouling of the state of		L BY PATHOLOGY	
Disposition of the products of con-	ception was done	on(date)	
by(Organization)		(Employee Signatu	re)