

## Tissue Release Authorization Form

All requests complete Section I and II. Placental requests complete sections I, II, and III. For fetal remains, use the "Consent to Release of Remains from Pregnancy Loss (miscarriage or stillbirth)": <http://allinafiles.com/SR-16378.pdf>

Date: \_\_\_/\_\_\_/\_\_\_ Tissue description: \_\_\_\_\_

Specimen ID number (as applicable): \_\_\_\_\_ Number of specimens: \_\_\_\_\_

Lab Testing required prior to release or disposal of the Tissue or Specimen.  Yes  No

### SECTION I: Request by Patient:

Returned to me (Patient name): \_\_\_\_\_

Released to my designee (name and affiliation): \_\_\_\_\_

Release to a funeral home of my choice: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

#### Acknowledgment of risk of potential infection:

I acknowledge that no test can completely ensure the absence of infectious agents and accept any risk of infection to myself and others who handle this tissue.

#### Acknowledgment of disposition:

The hospital will place the requested items in a container determined by the hospital. The patient agrees that the container does not provide for the storage of the items for any further medical or other clinical use including but not limited to clinical pathology studies. Once removed from the hospital, the patient will no longer have the ability to have the items further clinically tested.

#### Acknowledgment of hazardous material formaldehyde (as applicable) (for designee only in Legal situations, See Section A3 of Tissue Disposition Policy):

Caution! This tissue may be preserved with formaldehyde and or alcohol. Formaldehyde may be fatal if swallowed and harmful if inhaled or absorbed through the skin. Formaldehyde causes irritation to the skin, respiratory tract and eyes, and may even cause blindness. Formaldehyde is combustible.

### SECTION II: Attestation of Witness:

Allina Health Licensed Employee Name (Printed): \_\_\_\_\_

Allina Health Licensed Employee Signature: \_\_\_\_\_

### SECTION III: Placenta Release

The test findings and medical information available to me at this time indicate the absence of maternal communicable diseases. The placenta may be released. The hospital is not responsible for any infectious disease that may result from human consumption of the placenta in any form.

*Original copy of this authorization is retained with the patient's medical record. A copy is made to accompany tissue to the lab and/or morgue along with the Tissue Release Lab Communication Form.*

Patient Sticker

### Tissue Release Lab Communication Plan

*Qualified Allina Laboratory Employee to complete SECTION A only if testing is required prior to tissue/specimen release.*

#### Notice of Testing required prior to Specimen Release

If testing is required, tissue/specimens described on the Tissue Release Authorization Form should not be released to designee without SECTION A completed by Lab confirming that tests have been completed prior to release.

#### SECTION A: Verification of tests completed prior to release:

- Date tests completed: \_\_\_\_\_
- Lab Personnel (Print Name): \_\_\_\_\_
- Lab Personnel Signature: \_\_\_\_\_

*This Form (page 2) is for Provider-Lab-Morgue communication purposes only and is not an extension of the Tissue Release Authorization Form on page 1. This form is not required to be retained in patient's medical record, but should be sent with the tissue/specimen between Allina departments until released to patient-preferred designee.)*