

Pathology Consultants, P.C.

Box 2036, Bismarck, North Dakota 58502

Phone: 701-222-2480

Fax: 701-222-4537

John A. Hipp, M.D., C.M.

Ward D. Fredrickson, M.D.

Michael J. Laszewski, M.D.

Laurie J. Linz, M.D.

Wesley A. Ellison, M.D.

Jared L. Schmidt, M.D.

Date: October 4, 2017
To: Laboratory Supervisors
From: Wesley A. Ellison, MD & Deanne Knutson, HTL/MT (ASCP)

Request for Return of Products of Conception (including Fetus when present)

We require appropriately signed "Request for Return of Products of Conception (including Fetus if present)" forms to accompany all fetal tissue, including products of conception (POC) in cases in which the patient requests return of the products of conception.

The patient **must sign** the request form if the fetal tissue is to be returned.

Our policy for handling fetal tissue is as follows:

- We will examine all fetal tissue, POC and fetuses less than 20 weeks gestation, to the extent we feel is necessary for proper medical evaluation, including removal, retention and microscopic examination of tissue.
- If not accompanied by an appropriately signed "Request for Return of Products of Conception", fetuses of *less than 20 weeks gestation or 500 grams* will be buried by CHI St. Alexius Health, at an annual non-denominational service.
If requested on the form, the fetus will be returned to the hospital of origin or picked up by a designated funeral home.
If an examination requires complete use of the fetal tissue, there will be no tissue to return for burial.
- Fetuses 20 weeks or greater, or 500 grams or greater must be handled as an autopsy with a permit and transported by a funeral home.
- If fetuses of any size are transported by a funeral home, the mother of the fetus will be responsible for arrangements and financial obligations.

Pathology Consultants, P.C.

Box 2036, Bismarck, North Dakota 58502

Phone: 701-222-2480

Fax: 701-222-4537

John A. Hipp, M.D., C.M.
Ward D. Fredrickson, M.D.
Michael J. Laszewski, M.D.
Laurie J. Linz, M.D.
Wesley A. Ellison, M.D.
Jared L. Schmidt, M.D.

REQUEST FOR RETURN OF PRODUCTS OF CONCEPTION (INCLUDING FETUS IF PRESENT)

I, _____, authorize and request CHI St. Alexius
(print name)
Health, according to its established procedure, to

Products of Conception/Fetus:

_____ I wish to have any available products of conception (including Fetus if present) returned to the hospital of origin. I understand, however, that if examination requires complete use of the products of conception, there will be no tissue to return.

Fetuses 20 weeks or greater gestation, or weighing more than 500 grams will be handled as an autopsy and must be transported by the funeral home of the mother's choice. An autopsy consent form will then need to be completed by the parents, and the case discussed with a Pathologist.

_____ I prefer notifying _____ mortuary

located in _____
City State Phone number

to bury the above mentioned tissue and will directly accept all financial obligations.

Products of conception/fetus:

Signature of patient

Signature of witness

Date

Relationship to patient

Pathology Consultants, P.C.

Box 2036, Bismarck, North Dakota 58502

Phone: 701-222-2480

Fax: 701-222-4537

John A. Hipp, M.D., C.M.

Ward D. Fredrickson, M.D.

Michael J. Laszewski, M.D.

Laurie J. Linz, M.D.

Wesley A. Ellison, M.D.

Jared L. Schmidt, M.D.

Date: October 4, 2017

To: Laboratory Supervisors

From: Wesley A. Ellison, MD & Deanne Knutson, HTL/MT (ASCP)

Request for Return of Body Parts

We require appropriately signed "Request for Return of Body Parts" forms to accompany all amputated body parts in which the patient requests the return of the amputation specimen. The patient **must sign** the request form allowing us to return the amputated body part. Amputated body parts include digits – fingers/toes.

Our policy for handling amputated body parts is as follows:

- We will examine all body parts to the extent we feel is necessary for proper medical evaluation, including removal, retention and microscopic examination of tissue.
- If not accompanied by an appropriately signed "Request for Return of Body Parts", the amputation will be incinerated by CHI St. Alexius Health after 30 days.
- If a request is received to return the body parts, the amputation will be returned to the hospital of origin or picked up by a designated funeral home. If the amputated body parts are transported by a funeral home, the patient will be responsible for arrangements and financial obligations.

Pathology Consultants, P.C.

Box 2036, Bismarck, North Dakota 58502

Phone: 701-222-2480

Fax: 701-222-4537

John A. Hipp, M.D., C.M.

Ward D. Fredrickson, M.D.

Michael J. Laszewski, M.D.

Laurie J. Linz, M.D.

Wesley A. Ellison, M.D.

Jared L. Schmidt, M.D.

REQUEST FOR RETURN OF BODY PARTS

I, _____, authorize and request CHI St. Alexius
(print name)
Health, according to its established procedure, to

Amputated body parts: (to include digits – fingers/toes)

_____ I request that the amputated body part(s) _____ will be returned to the hospital
of origin.

Or

_____ I prefer notifying _____ mortuary

located in _____
City State Phone number

to bury the amputated body part _____ and will directly accept all financial obligations.

Amputated body parts:

Signature of patient

Signature of witness

Date

Relationship to patient

Revised 2-08, 6-09, 7-10, 8-12, 4-15, 10-17

Date