

RELEASE OF PREGNANCY LOSS TO THE WOMAN
(IF MAKING OWN ARRANGEMENTS)

I would like to take my pregnancy loss home following my discharge from the unit.

Ward.....

Name.....

Hospital
number.....

CHI
number.....

Address.....

Signature of the
woman.....

Name of the
Consultant.....

Name of Nurse/Midwife completing
form.....

Signature of the Nurse/Midwife.....

Date.....

- Copy of form for case notes
- Copy for woman to take away
- Copy for pathology / mortuary

Please contact the Queen Elizabeth University Hospital Mortuary on 0141 354 9357 within 6 weeks of the above date. Otherwise your pregnancy loss will be disposed of by standard procedures (Shared Cremation).