

## Pregnancy Loss Transfer Form Less than 24 Weeks Gestation

This form is to be used for all pregnancy loss up to 23 weeks plus 6 days gestation that show no signs of life. All relevant sections must be completed to ensure the patient wishes are recorded and complied with.

### Details of Patient:

Affix patient identification label in box below or complete details

<b>Surname</b>	<b>Patient ID No.</b>
<b>Forename</b>	<b>D.O.B</b>
<b>Address</b>	<b>NHS No.</b>
	<b>Sex. Male / Female</b>
<b>Postcode</b>	<b>Language:</b>

**Ward:** .....

**Date of transfer:**  
.....

**Patient telephone number:**  
.....

**Gestation:** .....

**Interpreter needed: Yes** ☐

### **Further investigations required: (Tick all that apply)**

- ☐ Histology    ☐ Cytogenetics    ☐ no investigation
- ☐ Post Mortem Examination (transfer direct to mortuary with consent form)

### The patient has opted for: (please tick appropriate boxes):

#### **1) RVI cremation with ceremony** ☐

This service is held on the 1<sup>st</sup> Wednesday of each month, 9am at the West End Crematorium.

**Date of Service**.....

☐ **Ceremony information given to patient**

#### **2) Sensitive cremation** ☐

This is a sensitive cremation without a service, the cremation is held the last Wednesday of each month.

#### **3) Private Service** ☐

You or your chosen funeral director must contact either the RVI mortuary or the bereavement officer with the date of the funeral within 12 weeks after the date of delivery. If we do not hear from you we will send three reminder letters out to your address. If no response is received, your pregnancy loss will be placed on the RVI cremation with service on the 16<sup>th</sup> week after the date of delivery.

**If you wish to change your options please contact either the RVI mortuary 0191 2824421 or bereavement officer 0191 2824348 as soon as possible.**

### Patient confirmation of the above:

**Signed:** .....

**Date:** .....

**Witnessed by:** .....

**Position:** .....

**Details of baby:**

**Name:** ..... **Date of delivery:** .....

**Personal property:** .....

**Hand and foot, prints required- YES / NO**

**(Mortuary staff only) Date prints taken:** ..... **APT:** .....

**Checklist- (this is to be completed by ward / theatre staff before the transfer *(please circle)*)**

**Are three points of ID provided with the foetus/ products of conception? YES / NO**

**Is all documentation/ the consent form present? YES / NO**

**Two staff to checked ID and documentation:**

**Print name** ..... **Signature** .....

**Print name** ..... **Signature** .....

**Chain of custody- (this is to be completed by ward / theatre staff and lab staff / mortuary staff)**

☐ **Histology: Date sent to histology:** ..... **Ward Staff** .....

**Date received at lab:** ..... **Lab staff ilab No.** .....

☐ **Mortuary: Date sent to mortuary:** ..... **Ward Staff:** .....

**Date received at mortuary:** ..... **Mortuary Staff:** .....

☐ **Cytogenetics: Date pregnancy loss sent to cytogenetics** .....

**Ward staff:** .....

Only trained and competent staff are allowed to take the foetal skin and placental tissue samples for a foetus between the gestational age of 13 weeks up to 23 weeks plus 6 days.

**Date skin and placental tissue taken:** .....

**Staff member who took the samples:** .....

**Date samples sent to cytogenetics:** ..... **Ward Staff:** .....