

## UIHC Autopsy Service

### POSTMORTEM INVENTORY OF CLOTHING & PERSONAL EFFECTS

**Patient Name:** \_\_\_\_\_

**Date initiated:** \_\_\_\_\_ **Hospital Number (if applicable):** \_\_\_\_\_

DESCRIPTION <small>(Completed by <b>Nursing</b> Staff or <b>Patient Family</b>)</small>	DISPOSITION <small>(Completed by <b>Autopsy</b> Staff)</small>		
Clothing and Personal Effects: (Use multiple pages if necessary)	UIHC	Funeral Home	Other (specify)

Signature of nursing staff or family member releasing body (and clothing/effects if applicable) to autopsy staff or to transporting personnel:	<b>Signature:</b> _____ <b>Print Name:</b> _____	<b>Date:</b> _____	<b>Time:</b> _____
Signature of transporting personnel transferring body (and clothing/effects if applicable) to autopsy personnel:	<b>Signature:</b> _____ <b>Print Name:</b> _____	<b>Date:</b> _____	<b>Time:</b> _____
Signature of Autopsy Staff receiving body (and clothing/effects if applicable):	<b>Signature:</b> _____ <b>Print Name:</b> _____	<b>Date:</b> _____	<b>Time:</b> _____
Signature of person to whom the body (and clothing/effects if applicable) is released:	<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Released by:</b> _____	<b>Date:</b> _____	<b>Time:</b> _____

Completed original document to be filed in UIHC autopsy facility; photocopy completed document as needed for family, nursing staff, funeral director, etc.