

McLaren Print System Order

Order No: 72868  
Order Date: 2022-10-06  
User: Whitney Carignan  
Phone: 810-985-2634

Ship Location: McLaren Port Huron-ICU  
1221 Pine Grove Ave  
Port Huron , MI 48060

Forms

Quantity: 100  
Paragon Dept No: 30590  
Dept Name: Port Huron -ICU  
Company Number: 480

Order Total Price: 66.62

Item Number: PHH 606  
Item Description: Body Disposition Form  
Revision Date: 1/2017  
Print: 2 sided black and white  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: 3 part; black; 2 sided; 8.5x11



**PORT HURON**  
1221 Pine Grove, Port Huron, MI 48060

Body Disposition Form

Name \_\_\_\_\_

Infection Control Precautions Necessary  Yes  No (Indicates on back of form)

Infectious Disease Diagnosis \_\_\_\_\_

Attending Physician \_\_\_\_\_ Notified  Yes  No  NR (no attending physician)

Attending Physician's Phone and/or Pager no.: \_\_\_\_\_

Physician/Nurse Pronouncing \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Death: \_\_\_\_\_

Is this a Case For the Medical Examiner?  Yes  No Time Notified \_\_\_\_\_

Location of Body \_\_\_\_\_ Is Body Released  Yes  No

Has an autopsy been requested?  Yes  No (if yes, fill out Authorization for Autopsy Form)

**DONOR INFORMATION**

TSM notified (phone 1-800-452-4551)  Yes  No Time \_\_\_\_\_ (if not TSM Form)

**ALL DEATHS MUST BE REPORTED TO TSM**

Is patient a potential organ/tissue donor?  Yes  No

If permission was not obtained, state reason: \_\_\_\_\_ Family refusal \_\_\_\_\_ Actual notice of patient refusal \_\_\_\_\_  
Other (Medical Examiner refusal, age, malignancy, infectious disease) \_\_\_\_\_ (Circle One)

Consented granted:  Yes  No

If yes, specify body parts: \_\_\_\_\_ Heart \_\_\_\_\_ Liver \_\_\_\_\_ Pancreas \_\_\_\_\_ Tissues/Bones  
\_\_\_\_\_ Lungs \_\_\_\_\_ Kidneys \_\_\_\_\_ Eyes \_\_\_\_\_ Entire Body

Signature of person granting consent:  \_\_\_\_\_

Disposition of Patient's Valuables:  Sent to Business Office  None

Disposition of Personal Belongings: Please List \_\_\_\_\_

Taken by Family  To Funeral Home  None

Signature of Person Receiving Belongings: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**FUNERAL DIRECTOR ARRANGEMENTS and RECEIPT OF BODY**

McLaren Port Huron is Herby Authorized to Release the Body to:

Funeral Home \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Person Releasing Body: \_\_\_\_\_ Relationship: \_\_\_\_\_

Receipt of Body: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature of Funeral Director/Designee: \_\_\_\_\_ Witness: \_\_\_\_\_



Body Disposition Form PHH 606 0117

Destination:  Direct to Crematory  Direct to Burial  Direct to Other

Spec Info: