

This is the new EPIC form that will come with deceased patients who are placed in the Morgue. 2 copies are needed, one for Lab and one for Funeral home. The Lab copy needs to be scanned into EPIC documents after the funeral home signs. Trish or Angel can do this and then put in the Managers "IN" box. We still fill out the log in the Morgue to show who is in and who picks them up.



Post Mortem Form
 MRN: 94500499, DOB: [REDACTED], Sex: F

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	White or Caucasian

POST MORTEM CHECKLIST

	Most Recent Value
Attending Physician	Ilahi Shams
Consulting Physicians	Saadur Rahman
Primary Care Provider	Dr Honan
Family (Name and Relationship)	[REDACTED] Sister
Contact Person Relationship to Patient	Sister
Contact Person Phone Number	309 346 1779
Date of Death	04/10/19
Pronounced Time of Death	0440
Actual Time of Death (if different than pronounced time of death)	0440
Is this a Medical Examiner's case?	No [cornors case]
Medical Examiner Notified	Yes
Medical Examiner Name	Mellissa
Autopsy Requested	No
Tubes/Lines Left in Place	-- [yes]
Did the patient have a known infection?	No
Did patient have a possible infectious disease?	No
Is patient a potential donor?	No
Donor Referral Hotline Notified	Yes
Date of OPO Contact	04/10/19
Time of OPO Contact	0506
Donation Referral Number	19011978
Morgue (Toe) Tags on Body	Yes
Body Disposition	Morgue

Signatures

Nurse: *[Signature]*
 Authorized Relative/Legal Agent: *[Signature]*
 Date/Time: 4/10/19 1957 Authorized Person Removing Body: *[Signature]*

Print

Facesheet

Patient Belongings

Most Recent Value

Most Recent Value	
Belongings	
*Belongings Brought to Hospital	No belongings
Home Medications Brought to Hospital	—
Other Valuables	
Belongings at Bedside	Clothing
Clothes	Other (Comment) [TTED HOSE]
Valuables	—
Dentures	—
Vision	—
Hearing Aid	—
Jewelry	—