



**HENRY FORD HEALTH SYSTEM  
DISPOSITION OF BODY FORM**  
Originating Hospital: \_\_\_\_\_

MRN \_\_\_\_\_  
DOB \_\_\_\_\_  
ADM \_\_\_\_\_

**GENERAL**

**INFORMATION:**

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

PCOD: \_\_\_\_\_  
Room/Bed: \_\_\_\_\_

**Provider/Designee who pronounced patient:** \_\_\_\_\_  
Provider to sign Death Certificate: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**SECTION A: TISSUE DONATION:**

Gift of Life Michigan is called by nursing within 1 hour of expiration for all deaths at 800-482-4881, except non-trauma related fetal deaths.

Is patient eligible for tissue/eye donation per Gift of Life Michigan?

\* If yes, Gift of Life Michigan will contact Next of Kin for authorization for donation

\* If no, and no hold on the body, the body may be released to Funeral Director, Medical Examiner, HFH Pathology, or other location. Michigan Eye Bank to complete: List tissue removed: \_\_\_\_\_

Michigan Eye Bank Representative (Print): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION B: IDENTIFICATION / TRANSPORT OF BODY TO MORGUE:**

I have verified that the body of the patient \_\_\_\_\_ has been identified and labeled correctly using two patient identifiers. The patient's body identification has been verified with this Disposition of Body form.

(Nursing) Signature: \_\_\_\_\_

Other Employee Signature: \_\_\_\_\_

Body transferred to morgue: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION C: AUTHORIZATION FOR RELEASE OF BODY BY NEXT-OF-KIN**

[ ] HF \_\_\_\_\_ HOSPITAL or [ ] Detroit Campus is hereby authorized to release this form and the body of \_\_\_\_\_ to \_\_\_\_\_

Signature of Next of Kin or other person accepting responsibility for body: \_\_\_\_\_

(Print) Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone number: \_\_\_\_\_

If body donation to occur: Name of university or other agency: \_\_\_\_\_

(Note: Family must be instructed that they are responsible for notification of death to university or agency).

**SECTION D: RELEASE OF BODY:** (HFHS employee who releases the body from morgue).

Originating hospital release: (where death occurred or was pronounced)

The body of \_\_\_\_\_ was removed from [ ] HF \_\_\_\_\_ HOSPITAL or [ ] Detroit Campus by: (print name) \_\_\_\_\_ a representative from: [ ] Funeral Home

[ ] Gift of Life Michigan [ ] Other \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of HFHS employee: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Courier: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Henry Ford Hospital Release: (for autopsied patients only) Body Hold Removed: Yes [ ] No [ ]**

By Whom: \_\_\_\_\_  
The body of \_\_\_\_\_ has had an autopsy at HFH and is released to:

[ ] Funeral Home [ ] Gift of Life Michigan [ ] Other \_\_\_\_\_

Signature of HFHS employee: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Courier: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FAX COMPLETED FORM TO:**

HFH-Detroit & Cottage: # 313-916-4960; HF Wyandotte: #734-324-8495; HF Brownstown: #734-671-1638;  
HF Macomb Clinton: #586-353-7379; HF Macomb Mt Clemens: #586-353-7379; HF Kingswood: #248-398-3200,  
HF West Bloomfield: #248-325-0419; HF Maplegrove: #248-325-0419