AUTHORIZATION FOR RELEASE OF BODY

I direct UCPC-Pathology to arrange release of the body of:

(Name of Deceased)

(to)

(Name of Funeral Home, Burial Society or Other Disposition Agency)

(Phone Number and Address of Funeral Home or Disposition Agency)

Signature of authorizing person: __________________________ Date/Time: ______________

Printed Name: __________________________ Relationship to the deceased: __________________

Signature of Witness: __________________________ Printed Name: __________________________

This section (below) to be filled out by University of Cincinnati Pathology Department.

CERTIFICATE OF RELEASE

Body released to:

(Name of Funeral Home or Disposition Agency)

Belongings (listed above) received: ☐ Yes ☐ No ☐ N/A

Signature of Representative: __________________________

Signature of witness for UCPC: __________________________ Date/Time: ______________

Printed Name: __________________________

** PATHOLOGY STAFF- MAKE A COPY TO RETAIN WITHIN DEPARTMENT**

The funeral home/coroner/embalmer to whom the body is released is hereby notified, and by signing above, hereby acknowledges that Academic Pathology Associates, Inc. has not made any representations or provided any information regarding the illness, disease, or condition prior to, or causing death, including, without limitation, whether the person had a communicable or infectious disease as listed under OAC 3701-3-022 or any successor laws, or caused by a “Bloodborne Pathogen” (e.g. HIV or HBV) as defined under pertinent Federal regulations of OSHA (i.e. 29 CFR 1920, 1030 et seq.). YOU ARE TO ASSUME THE DECEASED HAD SUCH A COMMUNICABLE OR INFECTIOUS DISEASE PRIOR TO DEATH AND HAS BLOODBORNE PATHOGENS PRESENT. ALL PERSONS ARE ADVISED TO TAKE “UNIVERSAL PRECAUTIONS” UNDER THE OSHA REGULATIONS, AND TO TAKE ALL OTHER PRECAUTIONS REQUIRED OR RECOMMENDED UNDER PERTINENT FEDERAL AND STATE LAWS, RULES AND REGULATIONS WHEN HANDLING THE BODY, PERSONAL EFFECTS, AND BODILY FLUIDS.

This requisition may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this REQUISITION is not an intended recipient of the requisition, or the employee or agent responsible for delivering the requisition to the intended recipient, you are hereby notified that any review, uses, dissemination, distribution, forwarding or copying of this communication is strictly prohibited. If you have received this communication in error, UCPC, immediately by fax or telephone. Thank You.

UCPC. Phone: (513)-584-7284 Fax: (513)-584-3892