

FINAL DISPOSITION OF PRODUCTS OF CONCEPTION

Name of Parent(s): _____

Date of Procedure: _____ Signature: _____
(Delivery) (Attendant)

County: _____ City: _____

Method of final disposition: per hospital procedures (cremation).

AUTHORIZATION OF FINAL DISPOSITION GIVEN BY:

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

FACILITY USE ONLY

Final Disposition was on: _____ In: _____

Place: _____ Signature: _____

Use this form ONLY for early gestation POC (less than 10 weeks) with disposal by hospital.
Any other, please use State Issued Final Disposition of a Still Birth form.

COPY: Retain in Pathology

ORIGINAL: With Specimen

READ CAREFULLY

This form is required under the provision of MCL 333.2848(2) which reads in part: *“Before final disposition of a dead fetus, **irrespective of the duration of pregnancy**, the funeral director or person assuming responsibility for the final disposition of the fetus shall obtain from the parents, or parent in case of an unmarried mother, an authorization for final disposition on a form prescribed and furnished or approved by the state registrar.”*

PARENTS: Authorization for final disposition of products of conception must be given by both parents in the case of a married woman. If the mother is not married at the time of delivery, authorization of only the mother is required. The completed form serves as authorization for disposition.

ATTENDANT: Your signature is needed to certify there is no fetal tissue visually identifiable.

FACILITY: The person in charge of the disposal site is required to keep a record of final disposition made on the premises under his or her charge. The record shall contain the name of the parents, date and place of procedure, date of final disposition and the name and address of the person authorized to handle the disposition.

THE FIRST COPY SERVES AS AUTHORIZATION TO DISPOSE OF THE PRODUCTS OF CONCEPTION AND IS TO BE RETAINED BY THE PERSON AUTHORIZED TO DISPOSE OF THE PRODUCTS OF CONCEPTION FOR A PERIOD OF NOT LESS THAN SEVEN YEARS.

THE SECOND COPY IS TO BE RETAINED IN THE MERCY HEALTH SERVICES NORTH – CADILLAC PATHOLOGY DEPARTMENT FOR A PERIOD OF NOT LESS THAN 7 YEARS.