

Instructions for Completing the Authorization for Fetal Exam/Chromosome Testing/Examination or Autopsy

This form is a consent form used for chromosome studies, fetal exam options, AND a disposition form for the fetus when the fetus is transported from the unit.

Parents should select one option from the following after discussion with the provider.

CHROMOSOME TESTING:

- Chromosome testing may also be referred to as genetic testing. This is done in attempt to determine if the fetus is affected by a genetic disease or chromosomal abnormality.
- Chromosome testing will be conducted by collecting tissue samples from the placental/fetal tissue.
 - Further information on collection of specimen can be found through ShareWell under: Reference>Site Directory (Webs)> Birth Centers> Best Practices> Standard Work> Fetal Demise> [Fetal Demise Studies Document](#).
- The ARUP laboratories [Patient History for Prenatal Cytogenetics form](#) will need to be completed with the mother's information.
 - The form can be found through ShareWell under: Reference> Site Directory (Webs)> Lab> in links on right side select "Lab Test Catalog – ARUP"> type "chromosome" into top search bar> select "Chromosome Analysis, Products of Conception"> select "ordering" on the top bar> scroll to the bottom of the page for hyperlinked Patient History for Prenatal Cytogenetics form.
 - Order "2002288 Chromosome Analysis, POC"

FETAL EXAM OPTIONS:

Fetal exam options should be reviewed with parents by provider and orders placed accordingly.

- Declining all Pathology review; no Epic order is placed.
- Pathology
 - ___ I request routine Pathology testing of my products of conception.
 - Appropriate for any D&C collection or specimen with no identifiable fetal form
 - Order "surgical specimen for pathology;" Source- select **Products of conception**.
 - ___ I request fetal external Pathology review only.
 - For ≤ 19 6/7 weeks only. This is an external exam only, with no incisions or review of internal organs. This is done in the lab/histology department.
 - Order "surgical specimen for pathology"; source-select **Fetus, gross**. Add a comment with the gestational age.
 - ___ I request a full fetal external and internal Pathology review
 - This is a full external/ internal review of tissue samples selected for Pathology review.
 - ≤ 19 6/7 weeks or ≥ 20 weeks AND less than 350 grams: order "surgical specimen for pathology;" source- select **Fetus**. Add a comment with the gestational age.
 - ❖ If ≥20 weeks and greater than 350 grams an autopsy must be ordered instead of external and internal pathology review.
- Autopsy examination
 - ___ I request an autopsy.
 - If the patient would like an autopsy it needs to be explained that it is an out of pocket cost as ThedaCare no longer conducts their own autopsies. The patient will be responsible for the cost of the autopsy and the transportation.
 - If patient chooses autopsy follow policy # 404 Death of a patient.

- Follow [additional autopsy forms](#) and instructions including Autopsy Request Standard Work under Sharewell>Referece> Site Directory (Webs)>Care of the Deceased Patient>Required Documentation> Autopsy
- **A fetal demise ≥ 20 weeks AND less than 350 grams can submitted for Pathology rather than utilizing the autopsy process, see above “I request a full fetal external and internal pathology review”.

AUTHORIZATION FOR BURIAL OR CREMATION

- **$\leq 19 \frac{6}{7}$ weeks**
 - **It is important to explain to patients-especially very early gestation that we may only be able to obtain small amounts of fetal tissue which could be sent for burial/cremation. Any tissue submitted for Pathology review will be held for 11 years per the retention policy unless requested by patient to be sent for burial/cremation.
 - Burial or cremation through a funeral home. Provide patients with site specific funeral home information. All expenses are the responsibility of the patient/parents.
 - Burial of miscarriages in a common gravesite.
 - This has no expense to parents.
 - The remains are collected in the lab and transported by the funeral home to the common grave burial site.
 - These remains will be buried with other fetal remains.
 - Common grave sites are listed below along with the funeral home that will transport the remains.
 - If ThedaCare is unable to obtain patient’s wishes and/or signature on the consent after one month, all fetal tissue/specimens (**$\leq 19 \frac{6}{7}$ weeks**) will be handled per lab routine tissue handling.

Cemetery	Transport
Riverside-Appleton (920) 733-5629	Brettschneider Trettin-Nickel (920) 733-7383
St.Nicholas-Freedom (920) 788-1492	Verkuilen Van Deurzen Family Funeral Home (920) 788-3321
Woodlawn Cemetery	Swedberg Funeral Home (715) 526-2631/ or TC Courier
St. Stanislaus Cemetery/All Saints Parish-Berlin (920) 361-5252	Wiecki Funeral Home 920-361-2050

- **≥ 20 weeks gestation**
 - Burial or cremation through a funeral home. Provide patients with site specific funeral home information.

COMPLETING THE FORM

- Patient must sign and date the form on the appropriate lines.
- RN to witness and date the form.
- This form will accompany fetal remains to lab if pathology review or common burial is chosen or to communication center if remains are sent directly to the morgue.
- A copy of the completed form must be sent to medical records.

Patient Label

Authorization for Chromosome Testing/ Fetal Exam/ Autopsy:

Chromosome (any gestation-only if fetal tissue can be obtained)

I request chromosome testing.

I decline option for chromosome testing.

Fetal Examination/ Autopsy

I decline Pathology review or autopsy. I understand my physician may order fetal remains/ products of conception to be examined by lab.

I request routine Pathology testing of my products of conception.

I request fetal external review only.

I request a full fetal external and internal Pathology review.

I request an autopsy.

Authorization for Burial or Cremation:

≤ 19 6/7 weeks gestation:

I choose burial/cremation. I understand that the arrangements are my responsibility. The funeral home will be contacted by ThedaCare Lab.

Funeral Home _____ Funeral Home phone number _____

I choose common grave through collaborative effort with a local funeral home. ThedaCare lab will hold my miscarriage remains until collected by the funeral home. I understand that there is no cost to me for this service.

Common Burial Site _____

Funeral Home for transport & phone number _____

I choose neither private burial/cremation nor common grave. Please follow routine hospital guidelines for management of remains.

≥ 20 weeks gestation:

I choose burial/cremation. I understand that the arrangements are my responsibility. The funeral home will be contacted by ThedaCare Lab.

Funeral Home _____ Funeral Home phone number _____

Signature/Relationship: _____ Date _____ Time _____

OB provider signature: _____ Date _____ Time _____

Witness: _____ Date _____ Time _____

To be completed by ThedaCare staff and/or funeral director

Witness signature for routine disposition of remains: _____ Date _____ Time _____

Remains Released to: _____
(Address and phone number of funeral home)

Signature of Funeral Director: _____ Date _____ Time _____