

**Infection Control Notification Sheet**

Name of deceased: .....  
Date and time of death: .....  
Source hospital and ward: .....

The deceased's remains are a potential source of infection:

**YES / UNKNOWN** (see note 1 below) (ring as appropriate)

If **YES** (see note 2 below), the remains present an infectious hazard of transmission by:

(ring as appropriate):

**Inoculation/ Aerosol /Ingestion**

Instructions for handling remains (If YES above, tick as appropriate):

Body bagging

Embalming presents high risk

**Signed:** (Note 3) .....

**Print name** .....

On behalf of: .....

(hospital / mortuary / General Practitioner)

Notes

Note 1: Not all infected patients display typical symptoms, therefore some infections may not have been identified at the time of death.

Note 2: In accordance with health and safety law and the information provided in the Health Services Advisory Committee guidance *Safe working and the prevention of infection in the mortuary and postmortem room* (Second edition 2002).

Note 3:

h In hospital cases, the doctor certifying death, in consultation with ward nursing staff, is asked to sign this Notification sheet;

h Where a post-mortem examination has been undertaken, the pathologist is asked to sign this Notification Sheet;

h In non-hospital situations, the doctor certifying death is asked to sign this Notification Sheet