**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:
In hospital cases, the doctor certifying death, in consultation with ward nursing staff, is asked to sign this Notification sheet;
Where a post-mortem examination has been undertaken, the pathologist is asked to sign this Notification Sheet;
In non-hospital situations, the doctor certifying death is asked to sign this Notification Sheet