



CONSENT TO DISPOSAL

I, the undersigned, authorize CentraCare - Rice Memorial Hospital to dispose of the

Date _____

_____ of _____
(Name of Extremity) (Name of Patient)

Time _____

in accordance with the hospital policy.

(Signature of Patient) Witness: _____

OR

(Next of Kin or Guardian) Witness: _____
(2 Witnesses for phone consent)

CONSENT FOR RELEASE OF SPECIMENS

I hereby authorize CentraCare - Rice Memorial Hospital to release _____
(Specimens / Products of conception)

Date _____

Time _____

from _____ to the _____
(Patient) (Specify Agency)

(Patient/Parent/Guardian)

Date _____

Received from CentraCare - Rice Memorial Hospital, the above listed specimens / products of conception. I understand that this specimen may be a biohazard and direct exposure should be avoided in order to minimize the risk of possible infections, such as HIV and hepatitis. I now assume responsibility of this specimen.

Time _____

(Signature of Person) (Title)

(Witness) (Title)

CentraCare - Rice Memorial Hospital

Consent Form "C"
6/20
8010-0249-29

Mainkeeper: Lab

