

# INFECTION, PREVENTION & CONTROL FUNERAL DIRECTORS NOTIFICATION SHEET

This form replaces the small square ' mortuary' cards.

*Adapted from HSE 2005*

Name and address of deceased				
Date and time of death				
Hospital and ward				
Is the deceased a <b>known</b> potential source of infection? (please circle see note 1)				
Yes	No	Leakage only		
If yes: Nature of transmission of infection (please circle)				
Intestinal	Blood-borne	Respiratory	Contact	Other
Please list any personal items that remain with the deceased				
Signed (note 2)				
Print Name				
<b>Notes:</b>				
<b>Note 1:</b> Not all infected patients display symptoms; therefore some infections may not have been identified at the time of death.				
<b>Note 2:</b> The doctor or Nurse Practitioner who verifies the death should complete this form				