

## DPM, RELEASING AND RECEIVING PATIENTS

SOP-APMO-006

Issued 5 August 2022 Approved by: A.McDonald

### 8.1 Appendix A: Funeral transport authorisation form

#### ANATOMICAL PATHOLOGY - MORTUARY

Austin Health

Studley Rd

Heidelberg VIC 3084

Telephone: +61 03 9496 5658

Facsimile: +61 03 9496 3437

The following information is intended for the addressee and is CONFIDENTIAL

**The family member or representative of the deceased is stated below and is authorised to make funeral arrangements:**

|                            |       |
|----------------------------|-------|
| Name:                      |       |
| Relationship to deceased : |       |
| Signature:                 | Date: |

**for release and transfer of:**

Deceased details

|                |                |
|----------------|----------------|
| First Name:    | Surname:       |
| Date of birth: | Date of death: |

**Into the care of the following Funeral Provider:**

|               |         |
|---------------|---------|
| Company Name: | Branch: |
| Contact Name: | Phone:  |

#### Instructions for Funeral Provider

- Ensure this document is completed prior to seeking clearance.
- Fax completed authority to Austin Health Mortuary on 9496-3437 or email to [labmed01@austin.org.au](mailto:labmed01@austin.org.au)
- Contact Austin Health Mortuary on 9496-5658 for clearance between 8am- 4.00pm M-F.