

Attachment 2



Patient Label

ACKNOWLEDGEMENT AND AUTHORIZATION FOR RELEASE OF PLACENTA

I, _____, request that my placenta be released to me following my delivery. My initials on the lines below indicate that I have read and understand the following:

_____ I seek to obtain my placenta for personal or religious reasons, and I do not intend to use my placenta in any manner that would post a health risk to me or any other person.

_____ I understand that I am responsible for removing my placenta from UNC Hospitals no more than eight (8) hours following my delivery. The placenta must be stored in a sealed and leak-proof container, such as a cooler or cooler bag, **that I must provide**. While I may have someone designated by me remove the placenta, such as a friend or family member, ultimately I am responsible for its removal from UNC Hospitals.

_____ I understand that UNC Hospitals will dispose of my placenta, consistent with its policies pertaining to medical waste disposal, if I do not request and receive my placenta from UNC Hospitals within eight (8) hours of my delivery.

_____ I understand that I will not be able to obtain my placenta under certain circumstances if there are concerns related to public health, public safety, or infection risk. These include but are not limited to:

- Documented or suspected chorioamnionitis
- Documented or suspected bacterial infection, such as bacteremia
- Documented bloodborne viral infection, such as HIV, hepatitis B, hepatitis C, or syphilis
- The placenta has been sent to pathology for medical indications and subjected to formalin or a similar fixative

_____ I understand that UNC Health Care System is not responsible for my placenta once my placenta is given to me or my designee.

_____ I hereby release UNC Health Care System from any and all claims, causes of action, complaints, damages, settlements, and judgments (collectively, "Claims and Damages") related to, associated with, or caused by my placenta after I, or my designee, remove my placenta from UNC Hospitals' Labor and Delivery.

Custody of Internal Body Tissue, Organs or Body Parts

_____ This form has been reviewed with me and I understand its contents.

Patient Signature

Date

Time

WITNESS CERTIFICATION

The patient (or person authorized to sign for the patient) has answered "yes" to all of the following questions:

- Did a health care provider explain the contents of this form to you?
- Have all of your questions about the procedure(s) been answered?

Witness Signature

Date

Time



02/01/18

Chart Location: Consents