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# Perinatal Pathology Baby Transport Notification

All babies for transfer to KEMH Perinatal Pathology

## TRANSFER DETAILS

Hospital:_____ Department/Ward: _____

Contact Person:_____ Contact Number: _____

Email (if applicable): _____

## PATIENT DETAILS

Mother's Name: _____ Mother's UMRN: _____

Baby's Name:_____ Baby DOB/DOD: _____

Gestation: _____

## IDENTIFICATION

Identification labels and bands must contain at least two patient identifiers and match accompanying paperwork.

ID bands attached to the baby: Yes ☐

ID labels attached to outside wrapping/container and match ID bands: Yes ☐

## REQUEST DETAILS

Baby for post-mortem: Yes ☐

*(If Yes, Senior Clinician to complete NCC Form 1 and NCC Form 2A or 2B).*

Placenta sent with Baby: Yes ☐

If no, please provide reason: _____

**Please select one option from the below:**

Baby for KEMH cremation: Yes ☐

*(If Yes, NCC3A must be completed for cremation with mementos indicated as requested)*

Baby for private burial/cremation: Yes ☐

*(NCC4 must be completed to indicate if mementos are required)*

Baby for burial at home (under 20 weeks gestation only): Yes ☐

*(NCC4 must be completed to indicate if mementos are required)*

Baby to return to hospital of origin for release (country hospitals only): Yes ☐

*(NCC4 must be completed to indicate if mementos are required)*

## DOCUMENTATION

**NCC Form 1**- Consent for Post-mortem Examination ☐

**NCC Form 2A** (Miscarriage, Fetal Death or Stillbirth) – clinical information ☐

**NCC Form 2B** (NND up to 28 Days of life or Infant) – clinical information ☐

**NCC Form 3** Consent for Cremation – Stillborn Baby less than 28 weeks' gestation ☐

**NCC Form 4** Consent for Mementos – Babies for private burial or private cremation ☐

**BDM 201** - Medical Certificate of Cause of Stillbirth or Neonatal Death ☐

**Form 7** - Certificate of Medical Practitioner ☐

**Letter of Declaration** – for regional transport only ☐

## ADDITIONAL NOTES

***Office Use Only:***

☐ Emailed to Invocare: Staff HE number and date & time: _____

SUBMIT