Appendix 1

Addressograph/TRAK label if available

NHS Lothian Mortuary Services

NNU Transfer Checklist

Baby's Name		700 or CHI Number		Sex
Date of Birth		Parent Names		
Date Of Death				
Post Mortem Requested de appropriate	Yes / No / Fiscal			
Paperwork available for po	ost mortem;			
Authorisation for a Hospita	Yes / No			
Pathology Request Form -	Yes / No			
Discharge Summary	Yes / No			
Case notes	Yes / No			
If the post mortem paperw documentation for collecti		l with baby please advise loc	ation of	
Personal Items (please list)			
Personal parents requests	(please detail)			
			-	
			-	
			-	
			Initial Neo I Staff	onata
			Moı y Staff	rtuar
Transferred by	Print name	Transferred by	Pri na	int me
Date of transfer		Time of transfer		

When viewing is arranged either in the NNU or Mortuary please complete form overleaf.

Date Collected	Staff Signature	Staff Signature	Date Returned	Staff Signature	Staff Signature	Any changes to personal items or requests.