

Name of Maternal Patient: _____

Name of Provider: _____

GENERAL INFORMATION

Your decision to keep your placenta will be honored at Franciscan Health Systems.

Please be aware the placenta is organic matter and will rapidly decompose shortly after birth if it is not placed in a preservative solution. Placentas which are sent home with the family are not treated with any preservative.

Sometimes your provider will order a pathology examination of the placenta. In this case, the placenta will be sent to the lab and arrangements need to be made with them to pick it up.

CONSENT AND RELEASE

I understand the above information and have had sufficient opportunity to consider, discuss and ask questions regarding taking my placenta from this facility. I hereby release, hold harmless and indemnify Franciscan Health Systems, its employees, agents, successors, assignees, and members of its Medical Staff from and against all claims, costs, and damages, of any kind whatsoever, which relate in any way to the release of this placenta.

I, whether I sign as a parent, guardian, or as the patient, hereby request and authorize Franciscan Health Systems and any provider on its Medical Staff, to release to me the placenta. I accept all risks associated with this release of tissue.

I HAVE CAREFULLY READ THIS AUTHORIZATION FORM AND UNDERSTAND ITS TERMS.

Printed Name: _____

Signature: _____

Witness: _____

Date: _____

