

PATIENT PERSONAL EFFECTS

| Patient Name: | | CORE ID Number: | |
|---|-------------------|---|---|
| Hospital: | | Date: | |
| CLOTHING: | | | |
| Type | Color/Description | Soiled/Cut | Disposition |
| | | Y <input type="checkbox"/> N <input type="checkbox"/> | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | Y <input type="checkbox"/> N <input type="checkbox"/> | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | Y <input type="checkbox"/> N <input type="checkbox"/> | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | Y <input type="checkbox"/> N <input type="checkbox"/> | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | Y <input type="checkbox"/> N <input type="checkbox"/> | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| <input type="checkbox"/> Check here if soiled/cut belongings were discarded per LNOK request | | | |
| JEWELRY, GIFTS, OTHER PERSONAL ITEMS: Jewelry was: Removed from donor <input type="checkbox"/> Not Removed from Donor <input type="checkbox"/> | | | |
| Type | Description | Disposition | |
| | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> | |
| | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> | |
| MEDICATION: | | | |
| Name | Description | Pill Count | Disposition |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| MONEY: | | | |
| Amount of Currency | Amount of Coins | Total Amount | Disposition |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| CREDIT CARDS: | | | |
| Type | Name on Card | Last 4 Digits | Disposition |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| | | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> Donor <input type="checkbox"/> ME/Coroner <input type="checkbox"/> |
| Donor Family Bag (Organ Donors Only) | | | |
| Quantity | Extra Items | Disposition | |
| | | LNOK <input type="checkbox"/> DFS <input type="checkbox"/> | |

Please check this box if there are no personal effects

| Responsible Party | Signature Verifying Belongings | Date/Time Verified |
|--|--------------------------------|--------------------|
| Legal Next-of-kin (n/a if not applicable) | | |
| CORE Staff 1 | | |
| CORE Staff 2 | | |
| Hospital / Medical Examiner / Coroner Staff | | |