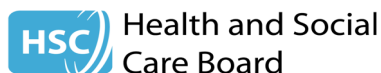


For office use only:

Parent Travel Form for Paediatric Hospital
Consented Post-Mortem Examination

FORM A: OUTBOUND TRAVEL



Parent Travel Form for Paediatric Hospital Consented Post-Mortem Examination to Alder Hey Children's NHS Foundation Trust:

HSCB Patient Travel Office
Tel No: 0300 555 0116
Email: Patient.Travel@hscni.net

Referring unit to complete information in grey box below in full and **forward completed form to Belfast Trust Mortuary under confidential cover** for onward transfer to HSCB Patient Travel Team:

Full Name of Deceased Baby/Child		DOB:
Name of Parents or Parent Representative:		
1.		DOB:
2.		DOB:
Home Address:		
Postcode:	Tel No:	Mobile:
Email:		
Referring clinician authorising for Parent(s) or Parent Representatives to travel		
Name:		Title:
Contact Tel No:		Email:
Referring Hospital:		
Contact name, title and telephone number in ward area (for liaison with HSCB)		
Special needs of parent(s) or patient representatives required for travel (if applicable)		
SIGNATURE and designation:		
Date:		
Belfast Trust Mortuary Coordinator:		
Name:		Title:
Contact Tel No:		Email:
SIGNATURE:		Date:
Outbound Travel Details of Baby/Child:		
Date of flight/ferry:		
Time of flight/ferry:		
Flight number/ferry details:		

Flight or ferry availability and times for parent(s) or parent representative cannot be guaranteed to align with transfer arrangements of baby/child.