



Removal / Transfer of Remains Tracking

Date:

Time:

Name of Deceased or case tracking number:

Sex: Male Female

Removal Location:

Address of Removal:

County and State of Death:

Doctor/Medical Examiner/Coroner Name:

Address:

Phone:

Special Instructions:

Actual or simulation: Actual Simulation

Student Name:

Signature:

I verify that (student name)

assisted with this removal on

Preceptor Name:

Signature:

For simulation:

Instructor Name:

Signature: