

**Request to inspect the record of a deceased patient**

**PATIENT'S IDENTITY**

- Surname and first name .....
- Address .....
- Date of birth .....

**REQUESTING PARTY**      **(please add copy of identity card)**

- Surname and first name .....
- Address .....
- Telephone number .....
- Relationship to patient .....

**REQUESTED DATA**

- **Hospitalisation** in department .....      Period/data: .....
- Medical data
- Nursing data
- Medical imaging (RX, MRI, etc.)
- Lab results
- **Consultation** at service .....      Period/data: .....
- Medical data
- Medical imaging (RX, MRI, etc.)
- Lab results

**JUSTIFICATION OR REASON FOR REQUEST**

.....  
.....

*The undersigned agrees to the procedure and conditions indicated on the reverse of this form.*

Requesting party's signature: .....      Date:.....

**AUTHORISATION FOR A PROFESSIONAL PRACTITIONER DESIGNATED BY THE REQUESTING PARTY**

*The undersigned, ..... (requesting party's name) hereby gives permission to UZ Leuven to allow ..... (professional practitioner's name) to inspect data from the patient record of ..... (patient's name).*

Requesting party's signature: .....      Professional practitioner's signature: .....      Date: .....

## INFORMATION ON PROCEDURE FOR INSPECTION

- The record of a deceased patient may only be inspected by a professional practitioner (doctor, nurse, midwife, pharmacist, dentist or paramedic) whom you yourself have designated, and must take place at UZ Leuven.
- Such inspection may be requested by a spouse, partner or blood relative to the second degree. Within this group, no hierarchy exists: each member of the group has an autonomous right.
- The request is subject to a justified and specific request, and will only be granted if the patient has not explicitly objected.
- The request will only be granted for the data to which the justification refers.

### HOW YOUR REQUEST WILL BE PROCESSED

- ⇒ Send the completed and signed form to UZ Leuven, marked for the attention of 'dienst afschrift patiëntgegevens', Herestraat, 49, 3000 Leuven; alternatively, you can send it by fax: 016/34.46.55 or by email: [afschriftmedischdossier@uzleuven.be](mailto:afschriftmedischdossier@uzleuven.be)
- ⇒ Once the record is complete, you will be invited to come and inspect it.