

OFFICE Office number:
 USE ONLY: Cert 'A' / Cert 'B'

Date:
 Burial / Cremation Cert to:

Date inquest opened:

CO: YVONNE WILLIAMS		Division: CHESTER		HMC No: PD	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
Widowed <input type="checkbox"/>		Single <input checked="" type="checkbox"/>		Separated <input type="checkbox"/>	
Baby <input checked="" type="checkbox"/>		MALE		Partner <input type="checkbox"/>	
Surname: Child C		Forename(s): BABY Child C		Former name:	
Address: Personal Data					
DOB: PD 06/2015		Place of birth: CHESTER		Religion: I&S	
AGE: PD				Occu- BABY pation:	
GP: PD		Address: / Tel: I&S			
Dr last seen alive by: DR DAVIES					Date: 14/06/2015
Address / Tel: COUNTESS OF CHESTER HOSPITAL, LIVERPOOL ROAD, CHESTER, CH2 1UL					
Reporting Dr: DR GIBBS			Address: COUNTESS OF CHESTER HOSPITAL, LIVERPOOL ROAD, CHESTER, CH2 1UL		
Bleep No: I&S					
Date of death: 14/06/2015		Place of death:		NEONATAL UNIT, COCH	
Time: 05:58					
Consultant: DR JOHN GIBBS			Hospital No: Child C		Date of admission:
Have the family been notified? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Next of kin: Mother C		Address / Personal Data			
Relationship: MOTHER		Tel: PD Tel: PD			
Name of Spouse (former spouse)			Occu- pation:		DOB:
Identified by (if different from above):			Address		
CIRCUMSTANCES SURROUNDING THE DEATH (write additional info overleaf if required) BABY WAS BORN AT 30 WEEKS. WAS SUFFERING RESPIRATORY DISTRESS SYNDROME DUE TO PREMATURITY AND WAS ON NEONATAL WARD. WAS PD DAYS OLD WHEN HE HAD SUDDEN COLLAPSE AND DIED.					
Past Medical History					
Medication:					
Recommendation: PM		Pacemaker: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:			
Reason/s for recommendation: ?CAUSE OF DEATH - PAEDIATRIC PM					
Industrial:					
Approved by Coroner/Deputy:		Name:		Signature:	
				Date:	

Surname of deceased: Child C		DOB: PD 06/2015	HMC No: PD
Forename: BABY Child C			
PM	INDEPENDENT PM <input type="checkbox"/>	HOME OFFICE PM <input type="checkbox"/>	Recommendation: PM
No:	PM Date:	Dr/Pathologist:	
Cause of death: Natural: <input type="checkbox"/> Inquest: <input type="checkbox"/> Investigation: <input type="checkbox"/>			
I(a)			
I(b)			
I(c)			
II)			
HISTOLOGY Whole/part organ Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> Tissue blocks Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> TOXICOLOGY/MICROBIOLOGY Blood Yes <input type="checkbox"/> No <input type="checkbox"/> Urine Yes <input type="checkbox"/> No <input type="checkbox"/> Stomach contents Yes <input type="checkbox"/> No <input type="checkbox"/>		Quantity 1. Reason for retention: 2. Items retained: 3. Recommended date for retention: 4. Laboratory sent to: Date sent:	
Results of Histology will be available:days /weeks		Results of Toxicology will be available:days /weeks	
I confirm that no cardiac or radioactive implant remains in the body.			
Signed:		Consultant Pathologist:	
Funeral Director:	Burial: <input type="checkbox"/>	Risk of Infection? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>	
Telephone:	Cremation: <input type="checkbox"/>		
Details of Infection:			
Part II: I require the above material to be preserved until (a) the date of Inquest (b) until I authorise disposal of toxicological /microbiological sample asap or after the date of Inquest The material shall be dealt with in accordance with the option selected by the next of kin. Signed H M Coroner..... date			

Surname of deceased: Child C	DOB:	HMC No:
Forename: BABY Child C	PD/06/2015	PD

NOTIFICATION OF PM/ PART A BY TELEPHONE TO NEXT OF KIN (or representative)

Name: Mother C	Relationship (if not next of kin): MOTHER	
Address: Personal Data	Tel No: PD / PD	
CO: YVONNE WILLIAMS	Date of call: 15/06/2015	Time of call: 09:30
1. Explained PM to take place	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
2. Explained why PM to take place	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
3. Explained nature of PM	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4. Explained tissue may be retained for microscopy	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If tissue retained, do the NOK wish for: (tick appropriate box)		
1. the material to be preserved as part of the permanent medical record of the deceased	<input type="checkbox"/>	
2. for the material to be retained for review, audit, medical research or teaching purposes and for genetic counselling	<input checked="" type="checkbox"/>	
3. for the material to be disposed of in a sensitive manner (usually by incineration)	<input type="checkbox"/>	
4. for the material to be returned to NOK via the funeral director to be disposed of in a lawful and respectful manner	<input type="checkbox"/>	
5. Tissue donation	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
6. Explained can have own medical attendant present	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
7. Explained HMC will send out leaflet regarding PM	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
8. Family happy with medical treatment?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If not, give reason:		
9. Part A issued?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
10. Independent PM necessary?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
11. Any religious consideration?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
12. Told what will happen next	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
13. NOK informed of cause of death?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Can the clothing be destroyed? (If appropriate)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> NOT KNOWN <input type="checkbox"/>
15. Is there any property?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
16. Property number	Property Location	

Any further comments or information: _____