OFFICE USE ONLY: Office number: Cert 'A' / Cert 'B' Date: Burial / Cremation Cert to: Date inquest opened:

CO: YVONNE WILLIAMS	*Division:* CHESTER	*HMC No:* PD

Mr ☐	*Mrs* ☐	*Miss* ☐	*Ms* ☐	*Married* ☐	*Divorced* ☐	*Widowed* ☐	*Single* ☒	*Separated* ☐

Baby ☒ MALE	*Partner* ☐

Surname: Child C	*Forename(s):* BABY Child C	*Former name:*

Address: Personal Data			
DOB: PD 06/2015 *AGE:* PD	*Place of birth:* CHESTER	*Religion:* I&S	*Occu-pation:* BABY

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 *Bleep No:* I&S	*Address:* COUNTESS OF CHESTER HOSPITAL, LIVERPOOL ROAD, CHESTER, CH2 1UL

Date of death: 14/06/2015 *Time:* 05:58	*Place of death:*	NEONATAL UNIT, COCH	
Consultant: DR JOHN GIBBS	*Hospital No:* Child C	*Date of admission:*	

Have the family been notified? YES ☒ *NO* ☐

Next of kin: Mother C *Relationship:* MOTHER	*Address / Tel:* Personal Data 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 ☐ No ☐ *Type:*
Reason/s for recommendation: ?CAUSE OF DEATH - PAEDIATRIC PM *Industrial:*	

Approved by Coroner/Deputy:	*Name:*	*Signature:*	*Date:*

Surname of deceased: Child C *Forename:* BABY Child C	*DOB:* PD 06/2015	*HMC No* PD
PM *INDEPENDENT PM* ☐ *HOME OFFICE PM* ☐		*Recommendation:* PM
No:	*PM Date:*	*Dr/Pathologist:*

Cause of death: *Natural:* ☐ *Inquest:* ☐ *Investigation:* ☐

1(a)

1(b)

1(c)

II)

HISTOLOGY	*Quantity*
Whole/part organ Yes ☐ No ☐	
Tissue blocks Yes ☐ No ☐	
TOXICOLOGY/MICROBIOLOGY	
Blood Yes ☐ No ☐	
Urine Yes ☐ No ☐	
Stomach contents Yes ☐ No ☐	

1. *Reason for retention:*
2. *Items retained:*
3. *Recommended date for retention:*
4. *Laboratory sent to:*
   Date sent:

Results of Histology will be available:	*Results of Toxicology will be available:*
……..……..days / ……..weeks	……..……..days / ……..weeks

I confirm that no cardiac or radioactive implant remains in the body.

Signed: *Consultant Pathologist:*

Funeral Director:	*Burial:* ☐	*Risk of Infection?*
Telephone:	*Cremation:* ☐	Yes ☐ No ☐ Not known ☐

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 /microbiologocial 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	I&S
2. Explained why PM to take place	
3. Explained nature of PM	
4. Explained tissue may be retained for microscopy 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 2. for the material to be retained for review, audit, medical research or teaching purposes and for genetic counselling 3. for the material to be disposed of in a sensitive manner (usually by incineration) 4. for the material to be returned to NOK via the funeral director to be disposed of in a lawful and respectful manner	
5. Tissue donation	
6. Explained can have own medical attendant present	
7. Explained HMC will send out leaflet regarding PM	
8. Family happy with medical treatment?	
If not, give reason:	
9. Part A issued?	
10. Independent PM necessary?	
11. Any religious consideration?	
12. Told what will happen next	
13. NOK informed of cause of death?	
14. Can the clothing be destroyed? *(If appropriate)*	
15. Is there any property?	
16. Property number	Property Location

Any further comments or information: _____