

CORONIAL AUTOPSY STUDY

ASSESSMENT FORM

CONFIDENTIAL

Instructions for completion										
Please complete all qu	uestion marked: Advisor Question.									
Please mark questions	s with either BLOCK CAPITALS or a bold cross inside the boxes provided.									
If you make a mistake Is a history pr ■ Yes	please "black-out" the box and re-enter the correct information. E.g. ovided?									
Unless indicated, plea	se mark only one box per question.									
Definitions (def) are pro	vided at the end of the questionnaire. An Advisor Manual is also available.									
To be completed by NCEI	POD									
NCEPOD number	Gender (M/F) Age (years)									
Location of autopsy	a. Local Authority Mortuary (i.e. public mortuary not attached to a hospital)									
	b. Hospital mortuary									
	c. Joint mortuary (i.e. public mortuary located within a hospital that operates under hospital governance)									
	d. Unknown									

Section A – Supporting Documentation (Def)

To be completed by NCEPOD												
 What supporting documentation do you have alongside the autopsy report? Answers can be multiple 												
a. Formal written request from a coroner for a pathologist to perform an autopsy												
b. Sudden Death Report (or equivalent <u>police</u> report / scene examination)												
c. Coroner's summary report												
d. Extracts from the deceased's medical records (from hospital or general practitioner)												
e. Ambulance service form(s) (including certification of fact of death)												
f. None (go to question 5)												
g. Other please specify:												
Advisor Question (note: you do not need to complete question 3 & 4 if question 2 was marked f. 'None')												
3. Does the supporting documentation contain the following details?												
a. General / treating practitioner contact details (or an indication that no such details exist):												
b. Information about the deceased's occupation (past or present):												
c. Date of birth of deceased (as opposed to only age in years):												
d. Specific clinico-pathological questions relating to the death. E.g. ? P.E.; ?M.I.; ?Ca.												
e. Specific investigational requests / instructions. E.g. Do / do not take histology / toxicology.												
Advisor Question 4												
Good Satisfactory Unsatisfactory												
b. If unsatisfactory , please specify why:												
5. II distribution y, picase specify why.												
 												

Section B – Report Preamble / Demographic Details

То	be c	ompleted by NCEPC	D																	
5.	ı	Mark in the appropriat	e bo	xes,	details	s that	are i	nclud	ded i	n the	auto	psy re	eport.	<u>.</u>						
a.		Name of deceased	i.		Loca	tion o	f auto	opsy				q.		Dec	ease	d ider	ntified	l by ^{(De}	f)	
b.		Age	j.		Date	of au	topsy	/				r.		Stat	emer	nt of p	resen	ce of	pacem	aker
c.		Sex	k.		Time	of au	itopsy	y				S.		Pat	holog	isťs r	name			
d.		Address	I.		PM/	repor	t Nur	mber				t.		Pat	holog	ist's a	appoir	ntmen	t ^(Def)	
e.		Date of birth	m.		Coro	ner in	struc	ting a	autop	sy		u.		Pat	holog	isťs c	qualific	cation	s ^(Def)	
f.		Date of death ^(Def)	n.		NHS	/Hos	pital r	numb	er (if	applic	able)			Ple	ase sį	pecify	/ belo	W:		
g.		Time of death ^(Def)	0.		Othe	r perso	ons p	resen	nt (at a	autop	sy)									
h.		Location of death	p.		Mode	e of id	lentifi	catio	n of c	cadav	er ^(Def))								<u> </u>
6.	Advisor Question S. a. Is a history provided? Yes No (go to question 7) b. If yes, is it essentially identical to that provided by the supporting documentation?																			
						Υe	es				No (go to	6d)			No	ot apı	olicab	le (go	to 6d)
	c. I	n your opinion, would	hav	e ad	ditiona	ıl histe	ory b	een (usefu	ul to	make	clear	the o	conte	xt of t	the au	utops	y?		
						Ye	es				No)								
	d. I	Does the history spec	ify cl	inica	l ques	tions	to be	add	ress	ed at	auto	psy?								
						Υe	es				No)				No	ot apı	olicab	le	
	e.	Overall, how would yo	ou ra	te th	e histo	ry as	pres	ente	d in	the a	utops	sy rep	ort?							
						G	ood				Sa	atisfac	tory			Uı	nsatis	sfacto	ry	
	f.	lf unsatisfactory , ple	ase :	spec	ify why	y :														
				Ī																
													Ī							

Adv	isor Question				
7.	Were the following recorded:	a. Deceased's height		Yes	No
		b. Deceased's weight		Yes	No
		c. Nourishment		Yes	No
۸du	isor Question				
8.	a Is there a description or me	ention of external appea	rances and identifi	cation features?	
	(This may include scars, in			ntervention / equipm	ent, tattoos etc.)
	Yes	No (g	o to question 9)		
	b. If yes , is the description of	external appearances /	identification featu	ires:	
	Good	Satisf	actory	Uns	atisfactory
	c. If unsatisfactory, please s	specify why:			
-	++++++				+++++
-	 				
-	 				
_					
	ction D – Internal Exami	nation			
	isor Question	inaluda			
9.	Does the internal examination mention or description of the f systems? If yes , please grade	ollowing	<u>YES</u> Satisfactory l	Jnsatisfactory	<u>NO</u>
	a. Central Nervous				
	b. Cardiovascular				
	c. Respiratory				
	d. Gastrointestinal / Alim	entary			
	e. Genitourinary				
	f. Lymphoreticular (reticu	ulo-endothelial)			
	g. Endocrine				
	h. Musculoskeletal				

Section C – External Examination

Section D – Internal Examination (continued)

Advisor Question

10. a.	W	hich	orga	ans v	vere	NO.	T we	ighe	d?															
	a.			Bra	iin					c.			Hear	t			e.		Sple	en				
	b.			Lur	ngs					d.			Liver	•			f.		Kidr	eys				
b.																						iting topsy		
				Yes	5								No						Not	appli	cabl	е		
Adviso	r Qı	uest	ion																					
11. a.	O	/era	I, the	e gro	ss d	escr	iptio	n of	the i	nterr	nal o	rgan	ns is:											
b.	lf	unsa	atisf	Goo acto		oleas	e sp	ecify	/ why	/ :] ;	Satis	facto	ory				Uns	atisfa	actor	у		
																						H	$\vdash \vdash$	
																						Ш		

	-																							
Se	ctic	n E	– Tis	ssue F	Retent	tion																		
Ad۱	/iso	r Que	estion																					
12.	a.				state wl ere reta			n ot w	hole	orgar	าร			Yes					No	(go	to q	uestid	on 13	3)
	b.	If w	hole o	rgans o	or major	parts	s wer	e reta	ined	, wha	t was	take	า?											
		a.		Brain	1		c.		Не	eart			e.		s	pleer	า							
		b.		Lung	s		d.		Liv	/er			f.		K	idney	/S							
		g		Not a	applicab	le	h		Othe	er, <i>ple</i>	ase .	specii	y:											
Adv	/iso		estion										_											
13.	a.		s the r e taker		ate whe	ther o	or no	t histo	ology	samp	les			Yes					No	(go	to qu	uestid	on 14	!)
	b.	If his	stology	/ sampl	es were	e take	n, fro	m wh	nere '	were	the s	ample	es ta	ıken?										
		a.		Brain	ı		C.		Не	eart			e.		s	pleer	า							
		b.		Lung	S		d.		Liv	/er			f.		K	idne	/S							
		g		Not a	applicab	le	h		Othe	er, ple	ase	specif	y:											
Adv	/iso	r Que	estion																					
14	a.	Are	any s	eparate	reports	s (i.e.	whol	e orga	an re	tentic	<u>n</u> or	histol	ogy)	inclu	ıded	with	the	auto	opsy	repo	ort?			
			Ye	6						No (go	o to q	uestid	on 1	5)				Not	арр	lical	ole (g	go to	ques	tion 15)

c. If unsatisfactory, please specify why:

Unsatisfactory

Satisfactory

b. If the report(s) is included, is it:

Good

Section E – Tissue Retention (continued)

Auv	1501	Ques	tion																						
15.	a.	If <u>wh</u> from	ole or the a	gan r utops	etent y rep	i <u>on</u> c ort ir	r <u>his</u> n dete	tolog ermir	<u>ly</u> did ning t	l not he c	t occ ause	ur, d	id the	e lack	of ti	ssue	rete	entio	n in a	ny w	ay d	etrac	t signi	ficant	ly
			Yes]	No (g	go to	ques	stion	16)				Wo	uld h	ave l	been	inforr	native	:
			Not	applio	cable	(go	to qu	estic	on 16,)															
	b.	If you shoul	mark d hav	ed ye e bee	es or en inc	wou lude	ld ha d, i.e	ave k . <u>hist</u>	een ology	info /, <u>w</u> h	rmat nole d	i ve , organ	pleas rete	se spe	ecify or <u>b</u>	why oth):	(and	l indi	cate	what	you	cons	idere	d	
																								1	
			-																						
Adv	isor	Ques	tion																						
16.	a.	Were	othe for so	r sam <i>reeni</i>	ples ng of	take drug	n e.g g <i>ove</i>	. toxi erdos	icolog e, he	jy, v patit	irolog is, tu	gy / n <i>berci</i>	nicro ulosi:	biolo(s <i>etc</i>)	gy, in	nmun	olog	jy?							
			Yes							ı	No (g	go to	ques	stion	17)				Not	state	d/ur	nknov	vn <i>(g</i> o	to qu	estion 17)
	b.	If yes	, plea	se sp	ecify	:																			
			-	-																					
Adv	isor	Ques	tion																						
17.	a.			mples the q								samp	les d	letrac	t sigi	nifica	ntly	from	the i	epoi	rt in it	ts ac	count	of	
			Yes] ו	No (g	go to	ques	stion	18)				Wo	uld h	ave l	been	inforr	native	:
			Not	applio	cable	(go	to qu	estic	on 18,)															
	b.			ked y ve be																wha	ıt you	ı con	sidere	ed	
					I			I	I			I	I	I			I	I	I	I	I	I			
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											T								1						

Adv	/iso	r Questions					
18.	a.	Is a cause of death given?		Yes	No		Unascertainable (Di
	b.	If yes , does it follow the usual manner prescribed by the Office of National Statistics (ONS)?		Yes	No		
Adv	/iso	r Questions					
19.	a.	Does the cause of death take into appropriate account the clinical course and autopsy findings as presented in the report and in the supporting documentation?		Yes	No		
	b.	If no , please specify why:					
Adv	/iso	r Questions					
20.	a.	Does the report contain clinico-pathological commentary, correlation and/or summary?	Yes		No (go to	o questi	on 21)
	b.	If yes , is it:					
		Clearly expressed	Yes		No		
		Consistent with factual contents of report	Yes		No		
		Relevant to the circumstances of death	Yes		No No		
Se	ctic	on G – Summary					
Adv	/iso	r Question					
21.		In your opinion, what was the category of death? Answers can be multiple					
a.		Natural cause of death (in hospital)	i.	Intentiona	al self harm		
b.		Natural cause of death (in community)	j.	Associate	ed with illicit drug	overdo	se/poisoning
c.		Natural cause of death (location not stated)	k.	Associate	ed with alcohol		
d.		Related to anaesthetic/medical intervention	I.	Associate	ed with immersior	า	
e.		'Mishap' in hospital (e.g. fall)	m.	Maternal	death		
f.		Associated with a Road Traffic Collision	n.	Sudden I	nfant Death Synd	drome (SIDS)
g.		Associated with fire	0.	Cause of	death unascerta	ined	
h.		Industrial (e.g. asbestos-related cause of death)	p.	Other, ple	ease specify:		
					ШП		

Section F - Cause of Death and Comments

Sect	tion (3 – S	Sun	nma	ry (con	itinu	ıed)																	
22. I	My ove	erall s	score	e for t	this a	autop	osy re	eport	is:																
a.		Exce	ellent	t								d.		Р	oor										
b.		Goo	d									e.												serio	
		Satis	efact	orv] '					, ,			•			
C.		Saus	Siact	Ory																					
Advis	sor Qu	estic	on																						
23.	a. Ar	e the	re ar	ov fea	ature	s tha	at mic	aht be	e auc	oted i	in the	NC	FPOI) rep	ort?			Ye	s	Γ		No			
	b. If y					0 1110		j. 11. 2.	o que	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , ,	_, _,	J 10p					•	L		. 10			
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24.	sor Qu If y	ou fe		at th	is ca	se is	'Ca	use f	or C	once	ern' p	oleas	e ind	icate	here	ə:									
	Ca	ises 1	that	have	bee	en m	arke	d ab	ove i	n qu	estio	n 22	as (e. Ur	nacc	eptal						'cau			
	rec	quest	ed th	he ai	utops	sy, ic	dentif	ying	the o	case	and	path	ologi	ist im	plica	ated a	and (expla	ining	our	con	orone cerns	. Thi	S	
	ye	ars, ۱	with	gene	eric a	ppro	val f	rom	the C	3ene	ral M	1edic	al Co	ounci	l, an	d the	res	oons	es re	ceiv	ed ha	tion fo ave a nner.			
	De	en po	JSILIV	CIIII	liiali	(151)	on un	at ive		JD a	ie ue	amig	, with	CONC	Jenna) III U	ie iii	osi a _l	Sprop	Jilate	illai	iiici.			
															Initia	ls								Date	
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	To be		-		_										_				- ,	Yes			┐.	No	
25.	Does 2 of th	the a ie Co	utop rone	sy re rs R	port ules	mee 1984	t the I? ^{(De}	statu f)	ıtory	requ	irem	ents	outlir	ed ir	n Sch	nedul	е			168			」 '	NO	

DEFINITIONS

Additional definitions and guidance for the completion of this questionnaire are available in the **Advisor Manual.**

Question	Definition / example
Section A Supporting documentation	This section relates to information <u>from the coroner's office</u> that was presumably available to the pathologist at the time of the autopsy.
	Additional information may have been sought by the pathologists prior to, during or after the autopsy. However, this information can not be assessed by the advisors, unless it forms part of the 'supporting documentation'.
5 f. Date of death	This could be the known date of death or an estimation of the date of death
5 g. Time of death	This could be the known time of death or an estimation of the time of death
5 p. Mode of identification of cadaver	The autopsy report comments on the mode of identification of the cadaver. E.g. wrist / leg written label.
5 q. Deceased identified by	Was the cadaver identified to the pathologist by an authorised person as noted in the autopsy report? E.g. Coroner's Officer.
5 t. Pathologist's appointment	Examples: Consultant Histopathologist, Specialist Registrar, Consultant Paediatric Pathologist, Locum Consultant Pathologist etc.
5 u. Pathologist's qualifications	Please use the following codes for the listed qualifications below. You can use more than one code.
	 MRCPath (Member Royal College of Pathologists) FRCPath (Fellow – Royal College of Pathologists) DRCPath (Diploma – Royal College of Pathologists) FFPath (Fellow – Faculty of Pathology) DFM (Diploma in Forensic Medicine) DPath (Diploma in Pathology) Other
18 a Unascertainable	In some cases, a cause of death is unascertainable or unascertained, in which case, this should be stated here.
	In general, an unascertainable death would be where the pathologist is <u>unable</u> to establish a cause of death. This may be because the cadaver is autolysed, or the pathologist only has part of the body to autopsy. It may also be because the death is caused by probable natural causes that cannot be proven (e.g. cardiac arrhythmias or epilepsy with no pathological findings etc.)
	A cause of death can also be recorded as unascertained either because it is truly unascertainable (for the reasons above) or because the cause of death was unable to be established at autopsy and had not since been established at the time the autopsy report was prepared.
25.	To meet the Statutory Requirements of Schedule 2 of the Coroners' Rules 1984, the following questions on this questionnaire must be completed in the affirmative: 5 a, b, d, f, g, i, j, k, l, m, o, q, r, s, u 7 c 8 a 9 a - h 18 a If autopsy meets all requirements except 5 o (other persons present), mark as YES. If autopsy meets all requirements except 5 q (deceased identified by), but indicates 5 p, mark as YES. If autopsy meets all requirements except 5 b (age), but indicates both the date of birth and date of death, mark as YES.