Questionnaire Assessment Form  
GI Therapeutic Endoscopy  2002/2003  
Autopsy

<table>
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<th>Questionnaire No.</th>
<th>M</th>
<th>F</th>
<th>Age</th>
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Type of autopsy  
- [ ] Hospital  
- [ ] Coroner  
- [ ] Other  

*Please specify*

Section A – Demographics/clinical history

1. Does the report include the following?  
   - [ ] A Name  
   - [ ] B Hospital number  
   - [ ] C Date of birth  
   - [ ] D Date of death  
   - [ ] E Location of death  
   - [ ] F Name of consultant responsible  
   - [ ] G Name of operator (if different)  
   - [ ] H Location of autopsy  
   - [ ] I Coronial jurisdiction  
   - [ ] n/a

2. Is a clinical history provided?  
   - [ ] Yes  
   - [ ] No

2a. If present is it  
   - [ ] Good  
   - [ ] Satisfactory  
   - [ ] Unsatisfactory

2b. If unsatisfactory please specify why:

3. Is the description of external appearances  
   - [ ] Good  
   - [ ] Satisfactory  
   - [ ] Unsatisfactory

3b. If unsatisfactory please specify why:

4. Was the patient’s height recorded?  
   - [ ] Yes  
   - [ ] No

5. Was the patient’s weight recorded?  
   - [ ] Yes  
   - [ ] No

6. Were scars and incisions measured?  
   - [ ] Yes  
   - [ ] No

7. Were IV line insertion, tubes etc. listed?  
   - [ ] Yes  
   - [ ] No

8. Was the autopsy  
   - [ ] Full  
   - [ ] Limited

8a. If limited, please state which areas were not examined:

9. Which organs were NOT weighed?  
   - [ ] A Brain  
   - [ ] B Lungs  
   - [ ] C Heart  
   - [ ] D Liver  
   - [ ] E Spleen  
   - [ ] F Kidneys
Section B – Gross Anatomy

10. Is the gross description of internal organs

   [ ] Good
   [ ] Satisfactory
   [ ] Unsatisfactory

10a. If unsatisfactory please specify why:

________________________________________________________________________________________

Section C – Operation (endoscopy) Site

11. Is the operation (endoscopy) site described?

   [ ] Yes
   [ ] No

12. Was the gross examination of the operation site appropriate to the clinico-pathological problem?

   [ ] Yes
   [ ] No

12a. If No, please specify why:

________________________________________________________________________________________

Section D – Organ Retention

13. Were whole or part organs retained?

   [ ] Yes
   [ ] No

13a. If retained, were they itemised?

   [ ] Yes
   [ ] No

14. Is the consent basis for organ retention clear from the report?

   [ ] Yes
   [ ] No

15. Were samples taken for histology?

   [ ] Yes
   [ ] No

15a. Were other samples taken e.g. toxicology?

   [ ] Yes
   [ ] No

15b. If other samples were taken, please state:

________________________________________________________________________________________

16. If autopsy histology samples were taken, is the report included with the PM report?

   [ ] Yes
   [ ] No

16a. If Yes, was it

   [ ] Good
   [ ] Satisfactory
   [ ] Unsatisfactory

16b. If unsatisfactory, please specify why:

________________________________________________________________________________________

16c. If not taken, did the lack of histology detract significantly from the report in its account of answering the questions raised by death?

   [ ] Yes
   [ ] No
Section E – Clinico-pathological Summary

17. Is there a summary of lesions present? □ Yes □ No

18. Is there a clinico-pathological correlation and summary present? □ Yes □ No

18a. If Yes, is it? □ Good □ Satisfactory □ Unsatisfactory

18b. If unsatisfactory, please specify why:

Section F – Cause of Death Statement

19. Is an ONS cause of death present? □ Yes □ No

19a. If Yes, does it follow ONS formatting rules □ Yes □ No

20. Does the cause of death in Parts 1 or 2 include reference to the operation (endoscopy) and its date? □ Yes □ No

21. Does the cause of death in Parts 1 & 2 take into appropriate account the clinical course (including the endoscopy) and the autopsy findings? □ Yes □ No

21a. If No, please specify why:

22. Please tick one of the following as the main cause of death (i.e. main pathology, Part 1 of ONS statement)

□ A Sepsis or significant organ infections (e.g. HIV related)

□ B Malignant disease

□ C Ischaemic heart disease

□ D Pulmonary embolism

□ E Other cardiovascular disease (non-malignant) Please state:

□ F Cerebrovascular disease

□ G Pneumonia

□ H Aspiration pneumonia Please state:

□ I Other lung disease (non-malignant)

□ J Gastrointestinal disease (non-malignant)

□ K Primary postoperative haemorrhage

□ L Trauma

□ M Cirrhosis

□ N Medical intervention, including drug related

□ O Other

□ P Not stated
23. My overall score for this autopsy is:

- [ ] A Excellent (meets all standards set by RCPath booklet)
- [ ] B Good
- [ ] C Satisfactory
- [ ] D Poor
- [ ] E Unacceptable (laying the pathologist open to serious professional criticism)

Section G - Summary

24. Clinical Relevance – This autopsy report demonstrates (more than one answer will often apply):

- [ ] A Confirmation of essential clinical findings.
- [ ] B A discrepancy in the cause of death or in a major diagnosis, which if known, might have affected treatment, outcome or prognosis.
- [ ] C A discrepancy in the cause of death or in a major diagnosis, which if known, would probably not have affected treatment, outcome or prognosis.
- [ ] D A failure to explain some important aspect of the clinical problem, as a result of a satisfactorily performed autopsy.
- [ ] E A failure to explain some important aspect of the clinical problem, as a result of an unsatisfactory autopsy (performance and/or report).
- [ ] F A minor discrepancy.
- [ ] G An interesting incidental finding.

25. Are there any features that might be quoted in the NCEPOD report?  [ ] Yes  [ ] No

25a. If Yes, please state:

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________________________________________________________________________

[ ] Initials  [ ] Date