CORONIAL AUTOPSY STUDY

ASSESSMENT FORM

CONFIDENTIAL

Instructions for completion

Please complete all question marked: **Advisor Question**.

Please mark questions with either BLOCK CAPITALS or a bold cross **inside** the boxes provided.

If you make a mistake please "black-out" the box and re-enter the correct information. E.g.

Is a history provided?

■ Yes ☒ No

Unless indicated, please mark only one box per question.

Definitions (def) are provided at the end of the questionnaire. An **Advisor Manual** is also available.

To be completed by NCEPOD

NCEPOD number ☐☐☐☐☐☐ Gender (M/F) ☐ Age (years) ☐☐☐

1. 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

☐☐☐☐ Organisational Questionnaire Number (Mortuary Site I.D.)

Section A – Supporting Documentation (Def)

To be completed by NCEPOD

2. 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 police 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):	☐ Yes	☐ No
b. Information about the deceased's occupation (past or present):	☐ Yes	☐ No
c. Date of birth of deceased (as opposed to only age in years):	☐ Yes	☐ No
d. Specific clinico-pathological questions relating to the death. E.g. ? P.E.; ?M.I.; ?Ca.	☐ Yes	☐ No
e. Specific investigational requests / instructions. E.g. Do / do not take histology / toxicology.	☐ Yes	☐ No

Advisor Question

4 a. Overall, how would you rate this supporting documentation, presuming that no additional information was sought by the pathologist?

☐ Good ☐ Satisfactory ☐ Unsatisfactory

b. If **unsatisfactory**, please specify why:

Section B – Report Preamble / Demographic Details

To be completed by NCEPOD

5. Mark in the appropriate boxes, details that are included in the autopsy report.

a.	☐	Name of deceased	i.	☐	Location of autopsy	q.	☐	Deceased identified by(Def)
b.	☐	Age	j.	☐	Date of autopsy	r.	☐	Statement of presence of pacemaker
c.	☐	Sex	k.	☐	Time of autopsy	s.	☐	Pathologist's name
d.	☐	Address	l.	☐	PM / report Number	t.	☐	Pathologist's appointment(Def)
e.	☐	Date of birth	m.	☐	Coroner instructing autopsy	u.	☐	Pathologist's qualifications(Def)
f.	☐	Date of death(Def)	n.	☐	NHS / Hospital number (if applicable)			*Please specify below:*
g.	☐	Time of death(Def)	o.	☐	Other persons present (at autopsy)			
h.	☐	Location of death	p.	☐	Mode of identification of cadaver(Def)			

Advisor Question

6. 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?

☐ Yes ☐ No *(go to 6d)* ☐ Not applicable *(go to 6d)*

c. In your opinion, would have additional history been useful to make clear the context of the autopsy?

☐ Yes ☐ No

d. Does the history specify clinical questions to be addressed at autopsy?

☐ Yes ☐ No ☐ Not applicable

e. Overall, how would you rate the history as presented in the autopsy report?

☐ Good ☐ Satisfactory ☐ Unsatisfactory

f. If **unsatisfactory**, please specify why:

Section C – External Examination

Advisor Question

7. Were the following recorded:
   a. Deceased's height ☐ Yes ☐ No
   b. Deceased's weight ☐ Yes ☐ No
   c. Nourishment ☐ Yes ☐ No

Advisor Question

8. a. Is there a description or mention of external appearances and identification features?
(This may include scars, incisions, recent injuries, signs of medical intervention / equipment, tattoos etc.)

☐ Yes ☐ No *(go to question 9)*

b. If **yes**, is the description of external appearances / identification features:

☐ Good ☐ Satisfactory ☐ Unsatisfactory

c. If **unsatisfactory**, please specify why:

Section D – Internal Examination

Advisor Question

9. Does the internal examination include mention or description of the following systems? If **yes**, please grade:

	YES			**NO**
	Good	Satisfactory	Unsatisfactory	
a. Central Nervous	☐	☐	☐	☐
b. Cardiovascular	☐	☐	☐	☐
c. Respiratory	☐	☐	☐	☐
d. Gastrointestinal / Alimentary	☐	☐	☐	☐
e. Genitourinary	☐	☐	☐	☐
f. Lymphoreticular (reticulo-endothelial)	☐	☐	☐	☐
g. Endocrine	☐	☐	☐	☐
h. Musculoskeletal	☐	☐	☐	☐

Section D – Internal Examination (continued)

Advisor Question

10. a. Which organs were **NOT** weighed?

a. ☐	Brain	c. ☐	Heart	e. ☐	Spleen
b. ☐	Lungs	d. ☐	Liver	f. ☐	Kidneys

b. If some organ(s) was / were **NOT** weighed, is there any documentation in the autopsy report indicating that the organ(s) was / were previously removed? For example due to organ donation or a previous autopsy.

☐ Yes ☐ No ☐ Not applicable

Advisor Question

11. a. Overall, the gross description of the internal organs is:

☐ Good ☐ Satisfactory ☐ Unsatisfactory

b. If **unsatisfactory**, please specify why:

Section E – Tissue Retention

Advisor Question

12. a. Does the report state **whether or not** whole organs or major parts were retained? ☐ Yes ☐ No *(go to question 13)*

b. If whole organs or major parts were retained, what was taken?

a. ☐ Brain c. ☐ Heart e. ☐ Spleen

b. ☐ Lungs d. ☐ Liver f. ☐ Kidneys

g ☐ Not applicable h ☐ Other, *please specify*:

Advisor Question

13. a. Does the report state **whether or not** histology samples were taken? ☐ Yes ☐ No *(go to question 14)*

b. If histology samples were taken, from where were the samples taken?

a. ☐ Brain c. ☐ Heart e. ☐ Spleen

b. ☐ Lungs d. ☐ Liver f. ☐ Kidneys

g ☐ Not applicable h ☐ Other, please specify:

Advisor Question

14 a. Are any separate reports (i.e. whole organ retention or histology) included with the autopsy report?

☐ Yes ☐ No *(go to question 15)* ☐ Not applicable *(go to question 15)*

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

☐ Good ☐ Satisfactory ☐ Unsatisfactory

c. If **unsatisfactory**, please specify why:

Section E – Tissue Retention (continued)

Advisor Question

15. a. If whole organ retention **or** histology **did not occur**, did the lack of tissue retention in any way detract significantly from the autopsy report in determining the cause of death?

☐ Yes ☐ No *(go to question 16)* ☐ Would have been informative

☐ Not applicable *(go to question 16)*

b. If you marked **yes** or **would have been informative**, please specify why (and indicate what you considered should have been included, i.e. histology, whole organ retention or both):

Advisor Question

16. a. Were other samples taken e.g. toxicology, virology / microbiology, immunology? (*e.g. for screening of drug overdose, hepatitis, tuberculosis etc*).

☐ Yes ☐ No *(go to question 17)* ☐ Not stated / unknown *(go to question 17)*

b. If **yes**, please specify:

Advisor Question

17. a. If other samples were **not taken**, did the lack of samples detract significantly from the report in its account of answering the questions raised by the death?

☐ Yes ☐ No (*go to question 18)* ☐ Would have been informative

☐ Not applicable *(go to question 18)*

b. If you marked **yes** or **would have been informative**, please specify why (and indicate what you considered should have been included, i.e. toxicology, microbiology / virology, immunology etc):

Section F – Cause of Death and Comments

Advisor Questions

18. a. Is a cause of death given? ☐ Yes ☐ No ☐ Unascertainable (Def)

b. If **yes**, does it follow the usual manner prescribed by the Office of National Statistics (ONS)? ☐ Yes ☐ No

Advisor 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:

Advisor Questions

20. a. Does the report contain clinico-pathological commentary, correlation and/or summary? ☐ Yes ☐ No *(go to question 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

Section G – Summary

Advisor Question

21. In your opinion, what was the category of death?
Answers can be multiple

a.	☐	Natural cause of death (in hospital)	i.	☐	Intentional self harm
b.	☐	Natural cause of death (in community)	j.	☐	Associated with illicit drug overdose/poisoning
c.	☐	Natural cause of death (location not stated)	k.	☐	Associated with alcohol
d.	☐	Related to anaesthetic/medical intervention	l.	☐	Associated with immersion
e.	☐	'Mishap' in hospital (e.g. fall)	m.	☐	Maternal death
f.	☐	Associated with a Road Traffic Collision	n.	☐	Sudden Infant Death Syndrome (SIDS)
g.	☐	Associated with fire	o.	☐	Cause of death unascertained
h.	☐	Industrial (e.g. asbestos-related cause of death)	p.	☐	Other, *please specify:*

Section G – Summary (continued)

22. My overall score for this autopsy report is:

a. ☐ Excellent

b. ☐ Good

c. ☐ Satisfactory

d. ☐ Poor

e. ☐ Unacceptable (laying the pathologist open to serious professional criticism) *please refer to question 24.*

Advisor Question

23. a. Are there any features that might be quoted in the NCEPOD report? ☐ Yes ☐ No

b. If **yes**, please state:

Advisor Question

24. If you feel that this case is **'Cause for Concern'** please indicate here: ☐

Cases that have been marked above in question 22 as **e. Unacceptable**, may be deemed a 'cause for concern'. For these cases, a letter will be sent from the Chief Executive of NCEPOD to the coroner who requested the autopsy, identifying the case and pathologist implicated and explaining our concerns. This process has been agreed by the NCEPOD Steering Group. A similar process has been in operation for two years, with generic approval from the General Medical Council, and the responses received have always been positive in that it is felt that NCEPOD are dealing with concerns in the most appropriate manner.

☐☐☐ Initials ☐☐☐☐☐☐ Date

d d m m y y

To be completed by NCEPOD

25. Does the autopsy report meet the statutory requirements outlined in Schedule 2 of the Coroners Rules 1984? (Def) ☐ Yes ☐ 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 from the coroner's office 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. 1 MRCPath (Member Royal College of Pathologists) 2 FRCPath (Fellow – Royal College of Pathologists) 3 DRCPath (Diploma – Royal College of Pathologists) 4 FFPath (Fellow – Faculty of Pathology) 5 DFM (Diploma in Forensic Medicine) 6 DPath (Diploma in Pathology) 7 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 unable 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.