

TO REPORT A DEATH — PHONE (805) 641-4400
COMPLETE ALL LINES, IF UNKNOWN OR NON APPLCIABLE, SO STATE

NAME OF FACILITY _____
ADDRESS _____ HOSPITAL PHONE # _____
NAME OF DECEDENT _____
SOURCE OF IDENTIFICATION _____ DOB _____ AGE _____ SEX _____ RACE _____
DATE OF DEATH _____ TIME _____
PRONOUNCED BY _____ MEDICAL RECORD OR PATIENT FILE # _____

**ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR
THE MEDICAL EXAMINER OR ACCOMPANY DECEDENT/DO NOT DISCARD**

DATE ENTERED HOSPITAL _____ TIME _____

SELF AMBULANCE (Name or R.A.#) _____ ER DEATH? IN PATIENT DEATH?

FROM _____
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS _____ (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: _____ M.D. PRIMARY ATTENDING PHYSICIAN _____ M.D.
OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES _____ PLACE _____ CAUSE _____
DATE _____ TIME _____ (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____ OFFICE PHONE # _____

ASSESS ALL CASES AND CALL THE MEDICAL EXAMINER (805-641-4400) IF/FOR:

- Death without medical attendance, which includes all deaths outside of hospitals or skilled nursing facilities or the continued absence of the attending physician and surgeon.
- Death when the deceased had not been attended by a physician in the 20 days prior to death.
- Death when the attending physician is unable to render a reasonable opinion as to the cause of death.
- Death when homicide, Suicide or poisoning is known or suspected.
- Death when a criminal action is involved or suspected to be involved in the death.
- Death related to, or following known or suspected self-induced or criminal abortion.
- Death associated with a known or alleged rape or crime against nature.
- Death is known or suspected as resulting in whole or In part from an accident or injury, either old or recent.
- Death when aspiration, starvation, exposure, drug addiction or acute alcoholism is the known or suspected cause.
- Death when occupational disease or hazards are the known or suspected cause.
- Deaths known or suspected as due to contagious disease and constituting a public hazard.
- Death that occurred while in-custody at a law enforcement agency or while in prison.
- All deaths of State Hospital patients.
- All Sudden Infant Death Syndrome (SIDS) deaths.
- Deaths during or related to surgery or surgical procedures, or following a surgery or surgical procedure if the deceased did not awake from the anesthetic.
- Death which occurs within 24 hours of initial admission (this includes ED triage time and transfers from other hospitals)
- Deaths of unidentified persons.

Select one:

- Does not meet criteria. Medical Examiner not notified.
- Medical Examiner notified - Case released after review with ME Investigator: _____ (name)
- Medical Examiner - Case accepted.

Medical Examiner's Case # _____.

CONTAGIOUS DISEASES

A Medical Examiner's referral will not be necessary for diagnosed cases of contagious diseases since local procedures and the action by the Public Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the Medical Examiner for diagnosis after which notification of proper authorities will be made.

*Any person who does not notify the Medical Examiner as required by this criteria is guilty of a misdemeanor.
For more information on reporting guidelines, please refer to Government Code 27491 and Health and Safety Code 102850*