

Summary of Post-Mortem Examination Results

Gross Pathology *(tick as appropriate)*

	Normal	Not sig	Minor sig	Major sig
CNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentary system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin (including petechiae)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any therapeutic injuries*	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Any incidental injuries*	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Any non-fatal injuries*	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Additional information <i>(free text)</i> :				

Histology *(tick as appropriate)*

	Normal	Not sig	Minor sig	Major sig
CNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentary system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin (including petechiae)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information <i>(free text)</i> :				

Microbiology (*tick one answer only*)

- Cause of death
- Probable cause of death
- Possible cause of death
- Contamination
- PM overgrowth
- Incidental findings
- Wholly negative

Virology (*tick one answer only*)

- Cause of death
- Probable cause of death
- Possible cause of death
- Incidental findings
- Wholly negative

Biochemistry (*tick as appropriate*)
(E = Electrolytes, U = Urea, G = Glucose)

	Normal	Abnormal	If abnormal, PM change?	
E Vitreous	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E Blood	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
U Vitreous	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
U Blood	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G Vitreous	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G Blood	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G GSF	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Interval between death/PM (only if any of the above abnormal) _____ hours.

Metabolic Studies (*tick as appropriate*)

	Done	Not done	If done were results:	
			Normal	Abnormal
Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder washout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibroblast culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information (<i>free text</i>):				

Toxicology (*tick as appropriate*)

Done	<input type="checkbox"/>	Not done	<input type="checkbox"/>
If done, were results:			
Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>
If positive, state what these were:			

Final categorisation of case (*tick as appropriate*)

Specific cause identified	<input type="checkbox"/>
Sudden Infant Death Syndrome	<input type="checkbox"/>
SUDI (pathology findings)	<input type="checkbox"/>
SUDI (social/parenting concerns)	<input type="checkbox"/>
SUDI (both pathology findings and social/parenting concerns)	<input type="checkbox"/>
Unascertained	<input type="checkbox"/>