**PROFORMA FOR QUALIFIED DEATH CERTIFICATION PROCESS**

Form to be completed by ward teams before body and notes from the deceased are transferred to the mortuary. The Qualified Death Certifier will then undertake completion of the medical certificate of cause of death, cremation forms and any other necessary forms.

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| --- | --- |
| Patient Details (Hospital sticker if available) | Ward/Place of Death: |
| Forename: | Date of Death: / /2020 |
| Surname: | Time of Death: |
| NHS/Hospital Number: |  |
| M F Other DOB: |  |

|  |  |
| --- | --- |
| Next of Kin Details:  Relationship:  Mobile number: | NOK aware of death?: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | GMC/PIN Number | Mobile Number |
| Consultant |  |  |  |
| Practitioner Completing Form |  |  |  |
| Named Nurse |  |  |  |
| Death verified by |  |  |  |

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| Suggested primary Cause of Death (if clear):  Co-morbidities:  COVID-19 positive:  Stage 2 mortality review suggested?  Reason:  Case to be referred to the coroner?  Reason:  Are there any implants in the body? (Pacemaker, ICD, Fixion IMN):  Has the MCCD already been completed? |

Sign………………………………………………………………. Date……………………………………......................