

POST-MORTEM PRACTITIONER REQUEST**CLINICAL INFORMATION FOR
NEONATAL DEATH
(up to 28 days of life) OR
INFANTS
(28 days to one year of life)**

Hospital of Origin: _____

UMRN: _____

Surname: _____

Given Name: _____

DOB: _____

AFFIX HOSPITAL LABEL

Requirements for Post-Mortem Practitioner Requests are set out in Schedule 2(ii) of the Non-Coronial Post-Mortem Examinations Code of Practice 2022 (Code). This form (NCC2B) should be completed by the senior clinician treating the patient before the post-mortem co-ordinator is notified, as per clause 8 of the Code.

PART 1. CLINICAL INFORMATION**Baby information:**Presentation: Breech Cephalic Liquor: _____Onset: Spontaneous Induced

Date of Birth: ____ / ____ / ____ Time of Birth: ____: ____ AM / PM

Date of Death: ____ / ____ / ____ Time of Death ____: ____ AM / PM

Place of Birth (hospital / ward / other): _____

Sex: Male Female Birth weight: _____ g Apgar scores: _____Resuscitation Attempts: Yes No

Age: Years: _____ Months: _____ Days: _____ Hours: _____

Clinical History *This should include information or copies of radiology and genetic reports where applicable and details of ventilator support and duration, intensive care and surgical interventions etc.*

Previous History *Including potential risks to mortuary staff and other relevant details including infectious disease risks and radioactive risks*

Maternal History

Reasons for seeking the post-mortem *What specific questions would you, the requesting clinician, or next of kin like answered from this examination?*



PART 2:

1. Name of medical practitioner requesting post-mortem:

2. Name of Parent(s) / Senior Available Next of Kin consulted in relation to post-mortem consent and relationship with the deceased:

3. Name of staff consulting with Parent(s) or Senior Available Next of Kin, if different to medical practitioner requesting post-mortem:

4. Mode of request: for example, in writing, in person or by telephone:

5. Where attempts to contact the Parents/ Next of Kin of the deceased have not been successful, please indicate the inquiries undertaken by the designated officer in authorising a post-mortem under section 25(3) of the *Human Tissue and Transplant Act 1982*

6. To be completed by the Post-Mortem Co-ordinator

I certify that the Post-Mortem Practitioner Request has been completed as per the *Non-Coronial Post-Mortem Examinations Code of Practice 2022* and the *Human Tissue and Transplant Act 1982* .

Name: _____

Signature: _____ **Date:** ____ / ____ / ____