

**POST-MORTEM PRACTITIONER
REQUEST
CLINICAL INFORMATION FOR
PAEDIATRIC DEATH
(1 year to 18 years 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 (NCC2C) 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.

CLINICAL INFORMATION TO BE COMPLETED

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 *and other relevant medical details including infectious disease risks:*

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: ____ / ____ / ____