

APPENDIX I AUTOPSY CLINICAL SUMMARY FORM

Maternal Sticker

(Inc Name, DOB, UR, Address, Telephone Number)

Please attach the following:

- copy of the death certificate;
- copies of all antenatal ultrasound reports; and
- copy of amniocentesis report if available

Baby Details

Singleton **Multiple** **Baby number.....** (e.g. Twin 1)

UR number: **Sex** Male Female Undetermined

Gestational age wks days Birthweight gms

Date & Time of birth:/...../.....;

Place of birth

Type of death: Fetal **Antepartum death** Unknown No Yes If yes estimated date of death/...../.....

Neonatal (NND) → NND date & time of death:/...../.....;

Death Certificate completed Yes No

Treatment or condition likely to cause hazard at autopsy

Hepatitis B Pos Tuberculosis HIV (Aids Virus) Other

Specify.....

Clinical summary (including details to be clarified at autopsy)

.....

.....

.....

.....

Provisional clinical diagnosis (to be completed by physician requesting autopsy)

1

2

3

4

Please list doctors to receive report

Name	Address
1
2

Consultant

Clinical contact..... Telephone Pager

(Please print)

Signature (person completing this form)..... **Date** / /

Print name