## APPENDIX I AUTOPSY CLINICAL SUMMARY FORM

Please attach the following:

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

## **Maternal Sticker**

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

UR number:Sex Male   Female   Undetermined   Gestational agewksdaysBirthweightgms	e.g. Twin 1)	by number (e	le Ba	Multipl	ngleton	5					<u>Details</u>	Baby 1
Place of birth	/; <del>.</del>	• of birth://	ate & Tim	Da							mber:	UR nur Gestati
Neonatal (NND)											of birth	
Death Certificate completed Yes No Treatment or condition likely to cause hazard at autopsy Hepatitis B Pos Tuberculosis Helpotitis B Pos Hepatitis B Pos Clarified at autopsy)  Clinical summary (including details to be clarified at autopsy)  Provisional clinical diagnosis (to be completed by physician requesting autopsy)  2  3  4  Please list doctors to receive report Name Address  1  Consultant Clinical contact.  (Please print)	//	ated date of death .	yes estim	☐ If y	☐ Yes	n 🗆 N	Unknow	ım death	Antepartı		of death: Fetal	Туре о
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