

Part VI: Details of laboratory investigation

23) Please furnish the results of following investigations (if available):

Investigation	Date & Results
Full blood count	
Urine full report / proteinuria	
Blood Urea / creatinine	
SGPT / SGOT	
Direct microscopy	
SGPT / SGOT	
ECG	
MAT (Serology) (1 st & 2 nd)	
PCR	
Any other	

Part VII: Cause of death

24) Date and time of death // Time:
 Y Y M M D D

25) Probable cause of death:
 Due to (if any).....

26) Co-morbidity conditions that might have contributed:
.....

27) Autopsy findings:
.....
.....
.....

28) Brief statement of events leading to death:
.....
.....
.....

29) View of the Specialist Medical Office on factors contributing to the death (*This question should only be answered by the Specialist Medical Officer in-Charge of the particular unit*)

Mark (✓) where relevant.

Delay in seeking treatment by the patient	
Delay in transferring patient (if it was a transferred case)	
Lack of or non-availability of services (laboratory, transfusion etc.)	
Shortcomings in the clinical management (delayed diagnosis etc.)	
Any other factors identified (specify)	

30) List the actions already taken / proposed to be taken to overcome the deficiencies identified:

.....

Name / Designation:

Signature:

Date:

Observations of the head of institution:

.....

Date:

(Signature)

Name:

Designation:

Institution

Please fill this form and send to

*Chief Epidemiologist
 Epidemiology Unit
 231, De Saram Place, Colombo 10
 Telephone: 011 2695112, 011 2681548 Fax: 011 2696583*

A photo copy of the form to be kept in the institution