***SIP project***

***Checklist to prevent loss in the process of autopsies***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Steps | ***Clinician/nurse*** | Signature | date | remarks |
| Consent obtained | Yes  No |  |  |  |
| Signed consent form, death summary and Form 12A completed | Yes  No |  |  |  |
| Body transferred to pathology | Yes  No |  |  |  |
|  | ***Pathologist*** | signature | date | remarks |
| Received dead body with necessary forms | Yes  No |  |  |  |
| Dissection done | Yes  No |  |  |  |
| Histology done | Yes  No |  |  |  |
| Autopsy  Form 8 completed | Yes  No |  |  |  |
| All forms including form 8 sent back to clinician supervisor | Yes  No |  |  |  |

***SIP study no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***