



REPORT OF DEATH BY DOCTOR TO THE SENIOR CORONER FOR WEST SUSSEX

You must complete this form when referring a death to HM Senior Coroner for further action. The Coroner's Officers will still discuss cases with you directly but require this form to be completed for any referrals.

Please complete this form – if possible it is to be typed so the coroner's officers can copy and paste your text onto another document. If hand written please ensure the text is legible.

Complete every space –Omissions cause delay for bereaved relatives.

Then email to the relevant coroner's office at –

Worthing Office – wscoroners@sussex.pnn.police.uk

Once received this referral will be passed to the Senior Coroner for a decision as to whether a post mortem examination is to take place. However, further discussion with the reporting doctor and/or general practitioner may be necessary before that decision can be made.

The reporting doctor may not issue an MCCD to a family until the coroner's officer has indicated the Senior Coroner's agreement. Relatives should not be promised any time frame for this, as court commitments take priority.

When a medical cause of death is agreed by the Senior Coroner, the doctor signing the MCCD must indicate on it that the coroner has been informed, and must record the cause **exactly** as finally agreed with the coroner's officer, with no abbreviations. Otherwise, the bereaved family will be unable to register.

**Reports of death are dealt with during office hours only.
Monday to Friday, 8am to 4pm**

**For out of hours queries re organ donation or homicides,
Call Sussex Police on 101, and a coroner's officer will call you back.**



Reason for referral to the Senior Coroner

**Those cases marked with an asterisk must also be referred to the police.*

<input type="checkbox"/>	the cause of death is unknown
<input type="checkbox"/>	the deceased has not been seen by a Doctor within the last 14 days
<input type="checkbox"/>	* death may have been caused or contributed to by assault or violence
<input type="checkbox"/>	* death may have been caused or contributed to by non-violent trauma, whenever it occurred (e.g. a fall at home or a road traffic collision)
<input type="checkbox"/>	* death may have been caused or contributed to by poisoning, whether intentional or accidental, but not food poisoning
<input type="checkbox"/>	* death may have been caused or contributed to by the deceased's actions e.g. by drug use, self harm or self neglect
<input type="checkbox"/>	* death may have been caused or contributed to by neglect
<input type="checkbox"/>	* death occurred whilst in custody – police or prison or compulsory detention under section of the Mental Health Act
<input type="checkbox"/>	* death occurred shortly after police contact or may have been caused or contributed to by police action or inaction
<input type="checkbox"/>	death may have been caused or contributed to by the deceased's employment
<input type="checkbox"/>	death occurred during or immediately after an operation or within 24 hours of an anaesthetic or occurred within 24 hours of admission to hospital
<input type="checkbox"/>	death may have been caused or contributed to by a medical procedure or treatment, whether invasive or not
<input type="checkbox"/>	death may have been caused or contributed to by a lack of treatment
<input type="checkbox"/>	there are other concerning features of the death – please say what

Details of Deceased

Name of hospital / Surgery:	
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Name of deceased:		
Date of birth:		
Address:		
Place of death if different from above		
Gender:		
Hospital no:		CAD no:

Date of death:		Time:	
Name of practitioner recognising life extinct:			
Grade and specialty:			
Name of reporting doctor: (who must have treated the deceased)			
Grade and specialty:			
Reporting doctor's bleep number:			
Name of treating consultant:			
Date of admission to hospital:			

GP name:	
GP telephone:	
GP surgery address:	

Name of next of kin:	
Relationship to deceased:	
Telephone number(s) of next of kin:	
Does next of kin know of death?	



Chronology of presenting complaint, treatment and death.

This must include past medical history; medication; reason for admission and incident address (e.g. "unwitnessed, but remembers tripping on rug and falling downstairs at home" or "passer-by described to ambulance team witnessing epileptic seizure on platform at Seven Sisters Underground"); any family concerns regarding care; and location where deceased currently lies.

If reporting doctor is able to issue MCCD, proposed cause of death:

1a

1b

1c

2

Remember, the medical cause of death ultimately accepted by the Senior Coroner must be reproduced on the MCCD, with no abbreviations, **exactly as agreed with the coroner's officer**. Otherwise, the bereaved family will be unable to register.