Form 3, Version 5

QUEENSLAND *CORONERS ACT 2003* (Section 24)

DOCTOR'S NOTICE TO CORONER AFTER AUTOPSY

Printed case number, name and barcode on sticker

SECTION A – to be completed by the doctor who has performed the autopsy immediately following autopsy

1. To the coroner at: _____ *(print place)*

_____ *(print name of deceased person)*

whose date of birth was _____ *(print date of birth)* underwent an autopsy on _____ *(print date of autopsy examination)*

in the mortuary at _____ *(print place autopsy conducted).* In accordance with an order for autopsy

dated_____*(print date of autopsy order),* I performed the following type of examination *(tick one box only)*

☐ External examination only ☐ External and full internal examination ☐ Examination of the cremated remains

☐ External and partial internal examination: _____ *(insert details eg: chest only)*

2. Does the pathologist wish to retain prescribed tissue? *(please tick)*

Note: *"Prescribed tissue" means whole organs, identifiable body parts, and a foetus removed from a pregnant woman, see State Coroner's Guidelines.*

☐ Yes: already authorised by coroner: please confirm details in sections 3 and 4

☐ Yes: coroner's decision is now sought: please provide details in sections 3 and 4

☐ No: go straight to section 5

3. <u>Prescribed</u> tissue pathologist wishes to be retained for testing, examination or evidence:

Please tick or specify the tissue sought and type of testing, etc intended

☐ Brain / Spinal cord for neuropathology	Portion of bone: ☐ spine ☐ skull ☐ rib ☐ other _____ For: ☐ examination ☐ tool mark analysis ☐ evidence
☐ Whole heart for detailed cardiac pathology	
☐ Whole lung for volatiles toxicology (glue etc)	☐ _____ *(specify)*
☐ One / both eyes for dissection and histology	☐ _____ *(specify)*

4. Summary of reasons why retention of prescribed tissue is necessary for the investigation of the death:

5. Non-prescribed tissue kept for testing or evidentiary purposes:

Note: *"Tissue" includes blood and body fluids. "Non-prescribed tissue" refers to tissue other than whole organs, foetuses or identifiable body parts.*

Non-prescribed sample/tissue kept *Please tick or specify as needed*	**Tests Arranged** *Please tick*	**Ordered by Coroner** *Please tick*
☐ Tissues in formalin: cassettes / wet tissue (*please circle*)	☐ Histology	☐ Yes ☐ No
☐ Blood, urine, vitreous, stomach contents, liver, hair, body cavity fluid _____*(specify)*	Toxicology: ☐ rapid ☐ limited ☐ full ☐ hold only	☐ Yes ☐ No
☐ Samples for infant death: skin, heart, liver, trachea, lung, metabolic Guthrie card, skeletal muscle, blood	☐ Cytogenetics, microbiology & metabolic studies, etc	☐ No
☐ FTA card for DNA (plus other samples if needed)	☐ Forensic DNA Analysis	☐ No

Other:

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6. Cremation Risks (pacemakers, radioactive implants, or other implanted devices): *(please tick one of the following*

- ☐ To the best of my knowledge and belief, based on my examination of the deceased, there are no pacemakers or other implanted devices that would pose a cremation risk.
- ☐ I found in the course of my examination a _____ and removed this device. To the best of my knowledge and belief, there is no further cremation risk.
- ☐ I am unable to advise whether any pacemakers or other implanted devices that would pose a cremation risk are present.

7. Infection Risk: *(please tick one of the following)*

- ☐ The deceased is not known or suspected to be suffering from any infectious disease that presents a risk to those transporting the body if transported and handled using standard infection control measures.
- ☐ The deceased may present an infection risk. Further advice should be sought as to the infection control measures required.
- ☐ I am unable to advise about infection risk as there is insufficient information. Standard infection control must be used.

8. Cause of Death: *(please tick one of the following)*

- ☐ I have completed an autopsy certificate (Form 30)
- ☐ I have completed an autopsy notice (Form 29)
- ☐ I have not completed either because the deceased is not identified.

9. Is the body ready for release? *(please tick or give details below as necessary)*

Is tissue donation (if any) complete?	☐ Yes	☐ No: but will be within 24 hours	☐ Not applicable
Is examination of the body complete?	☐ Yes	☐ No: but will be within 24-48 hours	☐ Other: details below
Is all prescribed tissue returned to body?	☐ Yes	☐ No: but will be within 24-48 hours	☐ Other: details below
Is the body formally identified, as per Police Report (Form 1 or Supplementary Form 1)?	☐ Yes	☐ No: but likely within 24-48 hours: Form 29/30 will be issued when ID confirmed by police (Supplementary Form 1)	☐ Dental ID, DNA, etc needed as detailed below: coroner can release once satisfied about ID
Details:			

10. Summary of pathologist's main macroscopic autopsy findings (positive and negative) and any other comments:

11. I recommend that reports/statements be obtained from: *(please tick whichever apply and give details)*

☐ Medical records *(if not already arranged via Form 5)* ☐ Treating doctors ☐ nurses ☐ paramedics

☐ Medical specialist *(note relevant speciality)* ☐ Other _____

in relation to the following issues: _____

_____

_____

Doctor's signature: _____ Date: _____

Doctor's name: *(print name)* _____

Office telephone no: _____ Mobile no: _____ Fax: _____