

# Forensic record review\_18062019

## Reviewer information

### Reviewer ID

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### Forensic record unique study ID

*This is the folder name and should match the USID captured on each image of the forensic records for this case*

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### Batch number

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## Basic Information on decedent

### Unique study ID

*Same as the forensic record unique study ID*

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### Sex

- Male
- Female
- Unknown

### Is the date of birth available

- Yes
- No

### Date of birth

yyyy-mm-dd

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### Date of death

yyyy-mm-dd

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If no date of birth is available, type the approximate age of the respondent. If this information is not available or cannot be reasonably estimated, leave this question blank. Select unit of age as days, months or years

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**Select unit of age**

- Days
- Weeks
- Months
- Years

**If no DOB or age available state whether the decedent was**

- Infant
- Child
- Adult
- Unknown

**If you selected less than 7 days, confirm the death is perinatal**

- Yes

PERINATE was NaN days old.

NEONATE was NaN days old.

CHILD was NaN years NaN months and NaN days old.

ADULT was NaN years NaN months and NaN days old.

**Narrative**

**Please write a brief description of the events and circumstances leading to the death of the person in chronological sequence. Include relevant history, description of injury, investigation results and diagnoses, as recorded.**

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**Are the admission / case history and the autopsy findings consistent?**

- Yes
- No
- Not clear

**Rate the quality and coherence of the case / admission history and the autopsy findings on a scale from 1 - 5**

*1 (poor) to 5 (excellent)*

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**HIV****HIV status**

- Positive serology
- Negative serology
- No serology available but clinical suspicion of HIV
- History of ART
- No information
- HIV-exposed (infants only)

**CD4 count (cells/mm3)**  

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**Viral Load (IU/mL)**  

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**Evidence of AIDS defining conditions**

- No
- Extra-pulmonary tuberculosis
- Recurrent pneumonia
- Disseminated mycosis or candidiasis of oesophagus or trachea
- Other HIV related infections (Pneumocytis jirovecii (carinii) pneumonia, toxoplasmosis; cryptococcus; cryptosporidiosis; CMV; HSV; salmonellosis)
- HIV related cancers (Lymphoma (cerebral or b-cell non-Hodgkin); Kaposi sarcoma; invasive cervical cancer)
- HIV wasting syndrome
- HIV encephalopathy
- Other AIDS related conditions

**TB**

**TB status**

- Known TB case on treatment
- Previous history of TB
- Autopsy findings suggestive of TB
- TB excluded on autopsy
- No evidence of TB mentioned in autopsy report.
- Under investigation
- Unknown

**Sputum AFB**

- Positive
- Negative
- No sputum result but Suspected Tuberculosis
- No information

**Sputum TB Culture and Sensitivity**

- Positive
- Negative
- Not reported

**Genexpert**

- Positive
- Negative
- Not reported

**Adenosine deaminase (ADA) U/L**

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**Surgery****Did the patient have surgery during last illness before death**

- Yes
- No
- Unknown

**Describe indication for surgery and surgical procedure performed**

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**Postoperative recovery**

- Uneventful
- Complications
- Unknown

**Alcohol****Was alcohol specimen retained?**

- Yes
- No
- Unknown

**Result available**

- Yes
- No
- Unknown

**Blood alcohol concentration (g/dL)**

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**Toxicology****Was a toxicology specimen retained?**

- Yes
- No
- Unknown

**Toxicology result available?**

- Yes
- No
- Unknown

## Toxicology results

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### Manner of Death

#### Manner of death

- Natural disease
- Accident
- Suicide
- Homicide
- Undetermined

#### If death was accidental select circumstances of death

- Road traffic accident (excluding non-road transport accidents - train, air, ship)
- Other accident (including non-road transport accidents, falls, natural disasters, drowning, poisoning etc)
- Complications of Medical or surgical procedure

#### For road traffic accident indicate whether victim was driver, passenger or pedestrian

- Driver
- Passenger
- Car occupant - unknown if driver or passenger
- Pedestrian
- Unknown

#### If death was homicide indicate whether the death was firearm related or non-firearm related

- Firearm related
- Non-Firearm related
- Unknown

**Place of occurrence of the external cause**

- At home
- Residential institution
- School, other institution, public administrative area
- Sports and athletics area
- Street and highway
- Trade and service area
- Industrial and construction area
- Farm
- Other
- Unknown

**If place of occurrence of external cause is "Other", specify**

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**Select the appropriate death certificate based upon the age of the decedent**

*Use perinatal death certificate for stillbirths and deaths occurring up to 7th day of life (0-6 days of age)*

- WHO certificate of cause of death for all ages (do not use this for perinatal deaths)
- Perinatal cause of death certificate

**WHO cause of death certificate for all ages: Part I line a Immediate / Terminal cause of death**

**1a Immediate cause of death (condition leading directly to death)**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**WHO cause of death certificate for all ages: Part I line b**

**1b Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years



**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**WHO cause of death certificate for all ages: Part I line c**

**1c Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**WHO cause of death certificate for all ages: Part I line d**

1d Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)

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Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**WHO cause of death certificate for all ages: Part 2 Contributing conditions**

**Part 2 Contributing conditions - Other significant conditions contributing to the death but not related to the disease or condition causing the death**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
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**For women**

**CONTROL QUESTION: Please confirm that the decedent is a female of child bearing age (11 - 60 years or older). If No, the pregnancy section will be skipped**

- Yes
- No

**Was she pregnant or did the death occur within 6 weeks of either a delivery or an abortion?**

- Yes
- No
- Don't Know

**Did the pregnancy contribute to the death?**

- Yes
- No
- Unknown

**Was the labour prolonged (> 12 hours) with features suggestive of haemorrhagic shock?**

- Yes
- No
- Don't know

**While pregnant or within 2 weeks of delivery was there an incident of convulsions or coma?**

- Yes
- No
- Don't know

**If yes to previous question, indicate if any of the following were present**

- High BP (>150/110 mmHg)
- Marked oedema of face or hands
- Proteinuria
- Visual disturbances
- Abdominal pain

**Was there severe blood loss (> 1000ml) during or after the third stage of labour?**

- Yes
- No
- Don't know

**Perinatal certificate of cause of death [Stillbirth and infants up to 7th day of life i.e. 0 - 6 days of age]****Main disease or condition in fetus or infant**

*Disease or condition that made the greatest contribution to the death of the infant or fetus (avoid reporting the mode of death (asphyxia) or prematurity unless it is the only know condition)*

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**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
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- Toxicology (including alcohol)

**Other disease or condition in fetus or infant**

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**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
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- Toxicology (including alcohol)

**Main maternal disease or condition affecting the fetus or infant**

*Most important maternal disease or condition that adversely affected the fetus or infant*

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**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**Other maternal disease or condition affecting the fetus or infant**

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**Indicate how diagnosis was confirmed**

- Case / Medical history
- Post mortem examination without autopsy
- Post mortem examination with Autopsy
- Histopathology
- Biochemistry
- Microbiology/Virology
- Serology
- Imaging studies (XRays, CT scan etc.)
- Toxicology (including alcohol)

**Other relevant factors**

*Other factors that may have contribute to the death eg. no trained attendant at delivery*

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**Stillborn**

- Yes
- No
- Unknown

**If stillborn was the fetus**

- Fresh
- Macerated
- Unknown

**Multiple pregnancy**

- Yes
- No
- Unknown

**If death within 24 hr specify number of hours survived**  

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**Number of completed weeks of pregnancy**  

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Birth weight in grams

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Age of mother (years)

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**Reviewers rating of quality of medical records**

**Rate the level of certainty for diagnosing the UCOD on a scale of 1 - 5**

*1 (poor) - 5 (excellent)*

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