



Form B13 – Summary of autopsy findings

MSCB Reference

CD11/12 xxxx

Form B13 – Summary of autopsy findings

For completion by pathologist or paediatrician drawing on the pathologist's report

Authorisation for autopsy?	<input type="checkbox"/> Coroner <input type="checkbox"/> Consent of family member
Pathologist conducting autopsy	<input type="checkbox"/> Paediatric pathologist <input type="checkbox"/> General (adult) pathologist <input type="checkbox"/> Forensic pathologist <input type="checkbox"/> Other, please specify
Summary of clinical history from pathologist	
Ancillary investigations carried out	
<input type="checkbox"/> Scene / circumstances investigation (specify what, when, by whom and summarise results)	
<input type="checkbox"/> Xray skeletal survey (specify by whom and results)	
<input type="checkbox"/> Microbiology (specify what, when and results)	
<input type="checkbox"/> Virology (specify what, when and results)	
<input type="checkbox"/> Toxicology (specify)	
<input type="checkbox"/> Metabolic investigations (specify)	
<input type="checkbox"/> Cytogenetics (chromosomes)	
<input type="checkbox"/> Other investigations (specify)	

Summary of gross (naked eye) pathology findings
Summary of histopathology findings
Summary of pathologists conclusions on cause of death and contributory factors
Cause of death as given by pathologist <input type="checkbox"/> Ia <input type="checkbox"/> Ib <input type="checkbox"/> Ic <input type="checkbox"/> II

Any other relevant information from autopsy examination

Name of person completing this form

Designation

Date / /