

**NOTIFICATION OF DEATH**

Form eF5

<b>Reported by</b>	«Next Record»
<b>Contact details</b> (telephone number + page)	«Next Record»
<b>Please provide details of who to contact if doctor reporting death is unavailable</b> (name and telephone number)	«Next Record»
<b>Supervising consultant and secretary or GP Practice Manager</b> (Name and telephone number)	«Next Record»

**PARTICULARS OF DECEASED**

<b>Full name</b>	«Next Record»
<b>Age</b>	«Next Record»
<b>Date of birth</b>	«Next Record»
<b>Address</b>	«Next Record»
<b>Locus of death</b>	«Next Record»
<b>Date &amp; time life pronounced extinct</b>	«Next Record»
<b>General Practitioner</b> (name + address + telephone number)	«Next Record»
<b>Are you aware of any religious/ cultural preferences in relation to the deceased?</b>	«Next Record»

**NEAREST RELATIVE(S)**

(i.e. Next of Kin or point of contact)

<b>Name</b>	«Next Record»
<b>Relationship to deceased</b>	«Next Record»
<b>Special Needs</b> eg Interpreter	«Next Record»
<b>Address and telephone number including mobile number of nearest relative(s)</b>	«Next Record»

## REASON FOR REPORTING DEATH

**Reason for reporting the death to the Procurator Fiscal**  
(see 'Reporting Deaths to the Procurator Fiscal: Information and guidance for Medical Practitioners' – [hyperlink to guidance](#))

### HISTORY

**Relevant past medical history and relevant medication** (Please do not use medical acronyms; include prescribed medication and any alcohol/illicit drug abuse history; consider the need for Yellow Card Scheme reporting)

**Summary of main events prior to death** (where relevant please provide: date of admission; changes in medication; details of any procedures/ operations; details of any adverse incidents. Where available please include copies of any relevant discharge summaries; operation notes; etc)

**Please provide details of any specific clinical questions/concerns to be addressed** (this information will assist the pathologist in the event of a post mortem examination being instructed by the Procurator Fiscal)

**Have the circumstances of the death been discussed with nearest relatives?**

«Next Record»

**Name of person who discussed death with nearest relatives**

«Next Record»

**Date of discussion**

«Next Record»

**Have nearest relatives expressed any concerns about the circumstances surrounding the death?**  
(If yes, please specify)

«Next Record»

<b>Have nearest relatives been advised that the death will be reported to Procurator Fiscal?</b>	«Next Record»
<b>Have you any concerns? (Please list)</b>	«Next Record»
<b>Willing or unwilling to issue death certificate. If unwilling please explain why not</b>	«Next Record»
<b>Cause of death if certification being offered.</b>	1(a) «Next Record» 1 (b) «Next Record» 1 (c) «Next Record»  II «Next Record»
<b>If certification is not being offered please provide the presumed cause of death in general terms, if known</b>	«Next Record»
<b>Certifying doctor</b>	«Next Record»
<b>Is this a suspected asbestosis/ mesothelioma death?</b> (If YES the Mesothelioma pro forma Part 3 must be completed and submitted to the PF)	«Next Record»

**For PF Office Use Only**

<b>PF to whom reported</b>	«Next Record»
<b>PF instructions</b> (remember to request medical records; admission/ pre-transfusion blood samples if applicable)	«Next Record»
<b>Date of PF instructions</b>	