

## INSTRUCTIONS - - ME-103 HOSPITAL REPORT OF DEATH

State of Connecticut  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
**11 SHUTTLE ROAD, FARMINGTON, CONNECTICUT 06032-1939**

### Reportable Deaths

Use this form to report all deaths in the following categories:

#### Resulting from or related to:

- an accident, homicide, or suicide – including, but not limited to, deaths from physical, chemical, thermal, electrical, or radiation injury;
- poisoning, drug abuse, or addiction;
- criminal abortion – whether apparently self-induced or not;
- disease which might constitute a threat to public health;
- disease resulting from employment;
- sudden infant death syndrome

#### Occurring suddenly and unexpectedly, not caused by readily recognized disease, and including deaths:

- on arriving (DOA) or within 24 hours of admission to hospital, including stillborn infants;
- under anesthesia, in an operating room or recovery room, following transfusion, or during diagnostic procedures.

In **any** instance in which death results from any of the above categories, such a death must be reported to the Office of Chief Medical Examiner *regardless of the length of time between the event and death*. Of you are unsure about whether or not a death is reportable, please call the office to report the death.

This report must be completed by hospital personnel whether jurisdiction is either accepted or declined by the Medical Examiners Office and/or the Assistant Medical Examiner.

### Protocol

Report death by telephone to the Office of the Chief Medical Examiner at either 1-800-842-8820 outside of Hartford area or 679-3980 in the Hartford calling area

**Report:** Name of person reporting death; Name of hospital; Name, age, race, sex, and residence of patient; Time death pronounced Name of attending physician or of physician last in attendance; Circumstances of death; Obtain Medical Examiners case Number.

**Report** death to the Assistant Medical Examiner on call

**Reporting Physician:** Complete signs and symptoms on admission, course in hospital and operations and procedures sections. Print and sign you name, in the original, together with date of report.

**Make** (2) copies of the report: retain one in the patient's record and one for the Assistant Medical Examiner.

**Promptly send** report, *with the original signature*, to the:

Office of the Chief Medical Examiner, 11 Shuttle Rd. Farmington, CT 06032

NOTE: If a death comes under jurisdiction of the Medical Examiner's Office and the family wishes to donate tissue and organs, **you must obtain prior approval of the on-call pathologists in the Office of the Chief Medical Examiner**. The Eye Bank and procurement organizations are familiar with is protocol.