

CI Identifier..... (Office use only)



Confidential Inquiry Team
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Confidential Inquiry into Deaths of People with Learning Disabilities

Summary of autopsy findings

Form B13

For completion by pathologist or other medical professional 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)	

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☐ Virology (specify what, when and results)

☐ Toxicology (specify)

☐ Metabolic investigations (specify)

☐ Cytogenetics (chromosomes)

☐ 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

☐ Ia

☐ Ib

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<input type="checkbox"/> Ic	
<input type="checkbox"/> II	
Any other relevant information from autopsy examination	
Name of person completing this form	
Designation	
Date	/ /

Thank you for completing this form. Please return it as soon as possible to the CI team.

You can return the form:

- by post: CI team, Norah Fry Research Centre, FREEPOST (SWB 1630), Bristol BS8 1ZZ
- by fax: 0117 3310978

Thank you.