

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



**Confidential Inquiry Team**

**Norah Fry Research Centre**

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## Confidential Inquiry into Deaths of People with Learning Disabilities

### Form B6 Poisoning

Form of substance:	<input type="checkbox"/> Solid
	<input type="checkbox"/> Gas
	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Unspecified
Type of substance:	<input type="checkbox"/> Household products, please specify
	<input type="checkbox"/> Prescription medicines, please specify
	<input type="checkbox"/> Non-prescription medicines, please specify
	<input type="checkbox"/> Not known
Location of poisoning:	

**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.