

Notified on: \_\_ / \_\_ / \_\_ at \_\_\_\_\_

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(To be completed by medical examiner's office.)

Required by: \_\_ / \_\_ / \_\_\_\_\_

## Medical Examiner's Advice and Scrutiny

### Form ME-1 (Part B)

The information provided in this form is confidential.

Medical examiners are required by Regulations made under the Coroners and Justice Act 2009 to ensure that the information specified in this form is recorded in accordance with relevant standards and procedures and is retained for monitoring purposes. The information may be recorded on paper or electronically in an alternative format.

This form has been designed to allow medical examiners to provide advice and scrutiny in a way that is most effective in their area, and it may be used in different ways in different areas. (See guidance for further details.)

Information in Sections B2, B3, B4, B6 and B11 **must** be recorded by a medical examiner. Other information may be recorded by a medical examiner's officer (MEO) or another person acting on behalf of a medical examiner.

#### B1. Name of deceased person and the date and time of death

Name: _____ (Forename) (Family name)	Date and time of death: __ / __ / ____ at ____ (Date) (Time)
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#### B2. Advice provided by a medical examiner before scrutiny of records (if applicable)

Name and location of doctor requesting advice: <input type="checkbox"/> <i>Attending doctor</i> <input type="checkbox"/> <i>Other doctor</i>	Date and time of request for advice: _____ at _____
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Notes on information provided by doctor and provisional advice given by medical examiner before scrutiny of records:

continuation sheet

Name of medical examiner providing advice: \* \_\_\_\_\_

Location: \_\_\_\_\_

(\*The medical examiner providing this advice may be different to the medical examiner that completes scrutiny and signs the form.)

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (To be completed by medical examiner's office.)

**B3. Scrutiny of clinical records and other documented information**

(This section must be completed by a medical examiner and demonstrate compliance with the relevant standards and protocols.)

Information scrutinised: <input type="checkbox"/> Copy of MCCD* <input type="checkbox"/> Full clinical record <input type="checkbox"/> Summary clinical record <input type="checkbox"/> Other (noted below)
Documented cause of death has been provided before scrutiny: <input type="checkbox"/> Yes – on MCCD* <input type="checkbox"/> Yes – other <input type="checkbox"/> No
Notes made by medical examiner during scrutiny:
<input type="checkbox"/> continuation sheet
Death: <input type="checkbox"/> Unexpected <input type="checkbox"/> Sudden but not unexpected <input type="checkbox"/> Expected <input type="checkbox"/> After care on recognised end-of-life pathway

\* Medical Certificate of Cause of Death

**B4. Implants, medical devices and communicable infections**

<p>Did the deceased person have any implants or medical devices?</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid gray; padding: 5px; margin-right: 10px;"> <input type="checkbox"/> Yes (as stated below)  <input type="checkbox"/> No                 </div> <div style="font-size: small;"> <p><i>Provide information based on review of records, external examination (if carried out) and / or discussion with relatives.</i></p> <p><i>Please specify the type of any implants or devices and the dates on which they were inserted.</i></p> </div> </div>	<p>Communicable infections?</p> <p><i>(If infectious, complete below)</i></p> <input type="checkbox"/> Inoculation / splash (blood-borne) <input type="checkbox"/> Aerosol (air-borne) <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <p>ACDP Hazard Group <i>(see guidance)</i>                  1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> 4: <input type="checkbox"/></p>
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**B5. External examination of the deceased person by or on behalf of a medical examiner**

<input type="checkbox"/> Examined by medical examiner <input type="checkbox"/> Examined by the person named below <input type="checkbox"/> Not examined
<p>Person carrying out examination on behalf of the medical examiner</p> <p style="margin-left: 150px;"><i>Name:</i> _____</p> <p style="margin-left: 150px;"><i>Role:</i> _____</p>
Notes on examination <i>(or reason that an examination was not required.)</i>
<p>Location: _____ Date: _____ / _____ / _____</p> <p style="text-align: right;"><input type="checkbox"/> continuation sheet</p>

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (To be completed by medical examiner's office.)

**B6. Outcome of scrutiny of records/other information and any external examination of the deceased person**

<input type="checkbox"/>	Cause of death provided before scrutiny has been accepted without change	
<input type="checkbox"/>	Cause of death established during scrutiny and documented below <i>(for discussion in B7)</i>	Approximate interval between onset and death
1a	-----	-----
1b	-----	-----
1c	-----	-----
2	-----	-----
	-----	-----

Next action: *(tick one of the following)*

<input type="checkbox"/>	<b>Discuss death with doctor</b> to obtain more information or clarify/agree the cause	<i>(Continue at B7)</i>
<input type="checkbox"/>	<b>Discuss death with next of kin/informant</b> or other appropriate person <i>(see guidance)</i>	<i>(Continue at B8)</i>
<input type="checkbox"/>	<b>Discuss death with coroner</b> <i>(include reason for discussion in section B3 or B9) *</i>	<i>(Continue at B9)</i>

*(\*If scrutiny follows receipt of an MCCD, any discussion with a coroner must be carried out by or on behalf of the medical examiner.)*

**B7. Discussion with doctor after scrutiny of records etc. (if required)**

*(If this discussion takes place before certification and the doctor has not provided in writing a preliminary view of the cause of death – or reason why no such view has been formed – then this information must be obtained and noted below at the outset of the discussion.)*

Notes:	Doctor talked with:
	<input type="checkbox"/> Medical examiner
	<input type="checkbox"/> MEO
	Date: ____ / ____ / ____
	Time: ____ : ____
	<input type="checkbox"/> continuation sheet

<input type="checkbox"/>	Cause of death provided before scrutiny or noted above is accepted without change (after discussion with doctor)	
<input type="checkbox"/>	Cause established by the medical examiner and documented in Section B6 is accepted by doctor	
<input type="checkbox"/>	Doctor and medical examiner have agreed the following alternative cause of death	Approximate interval between onset and death
1a	-----	-----
1b	-----	-----
1c	-----	-----
2	-----	-----
	-----	-----
<input type="checkbox"/>	Death needs to be discussed with a coroner for reasons noted above <i>(Continue at B9 and return to B8 if appropriate.)</i>	

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (To be completed by medical examiner's office.)

**B8. Discussion of cause of death with informant/next of kin or other appropriate person**

Cause of death discussed with: (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

Contact details:  In ME-1(A)  Noted here:

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Cause of death discussed by:  Medical examiner  MEO/other on (date) \_\_\_ / \_\_\_ / \_\_\_ at (time) \_\_\_\_\_

If MEO/other, give name and role: \_\_\_\_\_

Notes:

continuation sheet

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Cause of death accepted without any concerns being raised (Continue at B10)

Concerns raised and addressed without requiring discussion with a coroner (Continue at B10)

Concerns raised that require the death to be discussed with a coroner (Continue at B9)

**B9. Discussion with coroner/coroner's office (if required)**

Notes:

continuation sheet

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Coroner does not need to investigate the death and has agreed to issue an HMC-1 (Continue at B7, B8 or B10)

**B10. Outcome from completed scrutiny**

A  Coroner has agreed to conduct an investigation for the reason noted in Section B9

B  Attending doctor has certified (or will certify) the death using a cause agreed/revised during scrutiny

C  Medical examiner will certify the death using a cause established during scrutiny (following referral from a coroner)

**B11. Medical examiner's details and signature**

I confirm that I have carried out an independent and proportionate scrutiny of this death in a way that complies with the relevant standards and procedures. The scrutiny required approximately \_\_\_ minutes/hours of work.

Name of medical examiner (print): \_\_\_\_\_ Office: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

(Where the information on this form is provided electronically, the signature may also be electronic.)