



IPOA FORM 7

( r. 31(2), 37(5)(b)

POST MORTEM EXAMINATION

TO: THE PATHOLOGIST/FORENSIC MEDICAL EXAMINER

Stationed at .....

SECTION FILLED IN BY INVESTIGATING OFFICER

Case Reference Data.....

Station/Coroner Office Location .....

Investigation Number/Coroner Case Number .....

Body Recovery Number .....

Hospital Reference Number .....

Mortuary Admission Number .....

Forensic Pathology Number .....

Details of Investigating Officer .....

Name of Investigating Officer .....

Personal Number/Service Number: .....

Designation:.....

Contact Number: .....

Date Notified: .....

Time Notified: .....

Time Arrived at the Scene: .....

I, hereby request for the Establishment of the cause of death of the deceased .....

whose body I have/ was escorted to mortuary/funeral home .....

Investigation Number/Coroner Case Number, .....

.....

NAME OF DECEASED

.....

on this day ..... at this time.....

The under mentioned witnesses are able to visually identify the decedent;

<i>Name</i>	<i>ID Number</i>	<i>Relation</i>	<i>Contact</i>	<i>Signature</i>

SECTION FILLED IN BY MEDICAL PRACTITIONER

Particulars of the Deceased (*Tick where Appropriate*)

Male  Female  Unknown  Known  Foreigner

Name of Deceased (*Provisional*).....

Estimated Age (years/months)      Years  Months

Identity       rt      Birth Certificate No.

.....

Nationality (*Specify*).....

When Last Seen Alive .....

Alleged Date of Death .....

Alleged Time of Death and Circumstances Regarding Death

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 .....  
 .....  
 .....

Investigation Number/Coroner Case Number

.....

Name of Deceased

.....

Relevant Medical History

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 .....  
 .....  
 .....

Scene (*from above*) including coordinates and location

*Note:* If death from poisoning is suspected, the following details should be provided:

Date and time of onset and duration of symptoms:

Date

Time

Symptoms' including but not limited to: frothing, abdominal pain, vomiting, blindness

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Details of food, drinks, drugs taken before and after onset of symptoms including times and quantities of any medicine given whilst under treatment including any suspected poison

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.....  
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Were other persons affected?

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.....  
.....

Investigation Number/Coroner Case Number

.....

Name of Deceased

.....

The content of this declaration is true and of my knowledge and belief. I am aware that should it be submitted as evidence and I know that something appears herein which I know to be false or believe not to be true, I could be liable for prosecution.

- (1) I know and understand the contents of this declaration
- (2) I have no objection to taking the prescribed oath
- (3) I consider the prescribed oath to be binding to my conscience

Date .....

Name of Investigating Officer .....

Signature of Investigating Officer .....

Name of Decedent (*if known*).....

Date of Post Mortem.....

Time of Post Mortem.....

Place of Post Mortem .....

PRELIMINARY FORENSIC INVESTIGATIONS

Forensic Full Body Photography Yes  No

Forensic Full Body Radiology Yes  No

Dental Radiology Yes  No

Fingerprinting Yes  No

Toxicology (*e.g. Blood Alcohol, Vitreous Humor*) Yes  No

Gun Shot Residue Sample collection Yes  No

Biological Fluid Collection Yes  No

(*e.g. swabbing bite-marks for saliva*) Yes  No

Investigation Number/Coroner Case Number  
.....

Name of Deceased  
.....

GENERAL EXAMINATION

Description of Personal Effects (*Clothing, Shoes, Jewelry, Inner Wear etc.*)  
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.....  
.....  
.....  
.....  
.....

Sex: Male...  Female...  Undetermined Gender (*Specify*).....

Ancestry: (*Negroid Caucasoid Mongoloid*)

Estimated Age:.....

Nutrition: .....

Physique: .....

Length (in c.m.): .....

Mass (in Kg):.....

CONDITION OF REMAINS (*Tick Appropriately*)

Refrigerated  Well preserved  Fresh  Decomposed

Mummified  Skeletonized  Incinerated

EMBALM REMARKS:

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POST MORTEM CHANGES AND ASSESSMENT OF TIME SINCE DEATH (e.g. *Lividity, Rigor Mortis, Temperature, Skin Slippage, Adipose, Flaccidity, Tatoos* etc.)

Investigation Number/Coroner Case Number .....

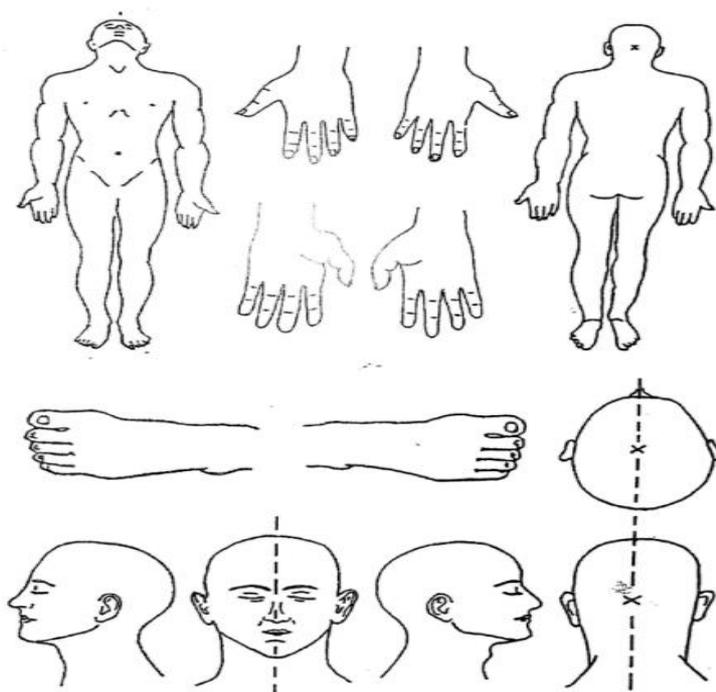
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EXTERNAL APPEARANCE OF THE BODY (*Note on Children's cases pay attention to soft tissue injury patterns from various instruments*)

Special Identifying Features/Marks”

(*e.g. Tattoos, Birthmarks, Piercings, Amputations, Scars, Protheses etc.*)

BODY CHARTS



Describe the condition of the body and all associated injuries with respect to position, nature and dimension of all injuries (e.g. cyanosis, petechiae, pallor, laceration etc.)

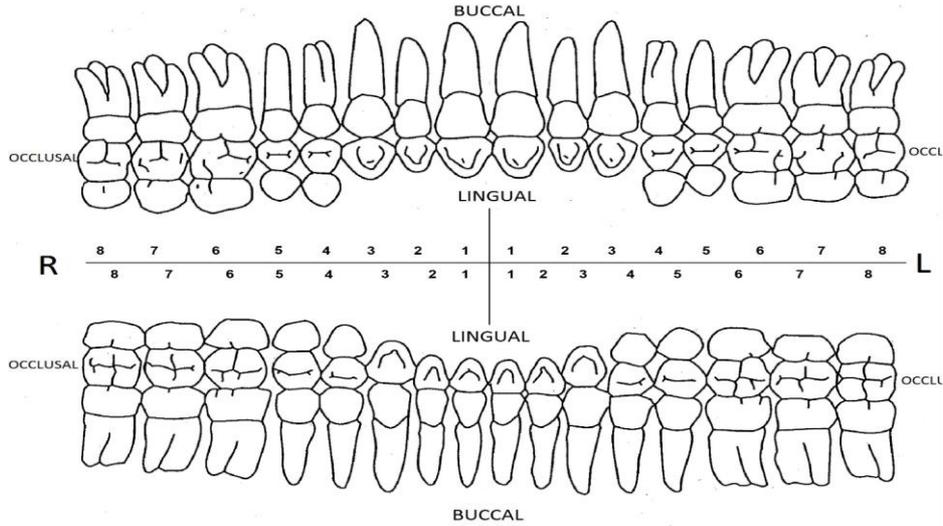
Investigation Number/Coroner Case Number

.....

Name of Deceased

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ODONTOGRAM



Investigation Number/Coroner Case Number

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Name of Deceased

.....

INTERNAL APPEARANCE OF THE BODY

(Note: for children's cases pay attention to oral, intraoral, intracranial and genital injuries)

Head and Neck:

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Skull:

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Intracranial Contents:

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Brain Mass:

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Orbital, Nasal, Aural Cavities:

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Mouth, Tongue, Pharynx

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Neck Structures

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Investigation Number/Coroner Case Number

.....

Name of Deceased:

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Chest:

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Thoracic Cage and Diaphragm:

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Mediastinum and Oesophagus:

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Trachea and Bronchi

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Pleurae and Lungs:

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Right lung		Lung mass (gms)	
Left lung		Lung mass (gms)	

Heart and Pericardium

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Heart Mass (gms) .....

Investigation Number/Coroner Case Number

.....

Name of Deceased

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Large Blood Vessels

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Abdomen

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Peritoneal Cavity

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Stomach and Contents

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Intestines and Mesentery

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Liver, Gall Bladder and Biliary Passages

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Liver Mass (gms) .....

Pancreas:

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Pancreas Mass (gms) .....

Spleen:

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SPLEEN MASS (gms) .....

Adrenals:

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Investigation Number/Coroner Case Number

.....

Kidneys and Ureters

Right		Kidney mass (gms)	
Left		Kidney mass (gms)	

Urinary Bladder and Urethra:

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Pelvic Walls

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Genital Organs

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Spine

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Spinal Column:

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Spinal Cord investigation Number/Coroner Case Number

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Name of Deceased

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Specimens Retained

<i>No.</i>	<i>Nature of Specimens</i>	<i>Nature of Investigation Required</i>

Additional Observations:

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As a result of my examination I formed the opinion that the tentative cause of death was:

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Results of Investigation of Specimens Received:

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Conclusive Cause of Death:

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Investigation Number/Coroner Case Number

.....

Name of Deceased

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Death Certificate Number

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Persons Present During the Autopsy Procedure

<i>No.</i>	<i>Name</i>	<i>Agency</i>	<i>Signature</i>

Date .....

Name .....

Designation.....

Tel.....

Email Address.....

Postal Address .....

Signature.....

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Date .....

Name of Medical Practitioner .....

Signature of Medical Practitioner .....