

MEDICAL RECORD

PRONOUNCEMENT OF DEATH

INSTRUCTIONS: Physician who determines patient has expired fills in the following information:

A. PRONOUNCED DEAD

DATE (Month, day, year)

HOUR:

\_\_\_\_\_ A.M.

\_\_\_\_\_ P.M.

B. CLINICAL DIAGNOSIS

C. CHECK APPROPRIATE CATEGORY

Hospital death

Inpatient     Outpatient

When applicable complete II A below

Dead on arrival

Complete II A below

D. PERTINENT COMMENTS

E. NIH Physician's Signature

Date signed

II. MEDICAL EXAMINER'S (ME) CASE

A. NIH Physician's comments concerning ME's decision:

NIH Physician's signature:

Date signed:

CLINICAL CENTER ADMINISTRATION REVIEW

B. Reviewed by: (Signature and Title)

Date

PATIENT IDENTIFICATION

PRONOUNCEMENT OF DEATH

NIH-2508 (5-82)