



# Perinatal death data collection form

**This form is for internal use only, within the unit of care  
Please DO NOT send to MBRRACE-UK**

**When ready, all data must be submitted to MBRRACE-UK using the electronic data  
collection system ([www.mbrpace.ox.ac.uk](http://www.mbrpace.ox.ac.uk))**

## TYPE OF DEATH

Data should be submitted for the following types of death using information available in the maternal and/or baby case notes and discharge summary:

- **Late fetal loss** : a baby delivered between 22<sup>+0</sup> and 23<sup>+6</sup> weeks gestational age showing no signs of life, irrespective of when the death occurred.
- **Stillbirth**: a baby delivered at or after 24<sup>+0</sup> weeks gestational age (or with a birthweight of 400g or more where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred.
- **Early neonatal death**: A live born baby (born at 20<sup>+0</sup> weeks gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available) who died *before* 7 completed days after birth.
- **Late neonatal death**: A live born baby (born at 20<sup>+0</sup> weeks gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available) who died *from* 7 completed days after birth but *before* 28 completed days after birth.

## IMPORTANT:

**Births showing no signs of life (stillbirths and late fetal losses)** – all births delivered from 22<sup>+0</sup> showing no signs of life must be reported to MBRRACE-UK, irrespective of when the death occurred. This is to ensure complete data collection in line with the WHO guidelines and to allow international comparisons. Please ensure that both the date of delivery and the date of confirmation of death are reported.

**Termination of pregnancy:** Any late fetal loss, stillbirth or neonatal death resulting from a termination of pregnancy should be reported. Limited information is collected in the initial notification only. Items marked \* are required in order to complete the notification.

**Multiple pregnancies:** For multiple pregnancies, please complete additional copies of pages 6 to 8 for each additional birth. Where the death of a baby is confirmed before 20<sup>+0</sup> weeks gestation but the baby is delivered at 22<sup>+0</sup> weeks gestation or later AND the birthweight is less than 200g, you will only be required to complete the initial notification for this baby.

**Person completing notification**

**Date of notification**

 /  /

### 1.1 Woman's identifiers

Family name/surname\*

Given name/first name\*

Address\*

  
  


Postcode\*

     

Date of birth\* (dd/mm/yyyy) or Age\* (years)

 /  /    or  

NHS/CHI number\*

     

Tick if ineligible for NHS/CHI number

Hospital number\*

                    

### 1.2 Woman's details

Ethnic category\*

- |  |  |
|--|--|
| <input type="checkbox"/> White British                   | <input type="checkbox"/> Bangladeshi     |
| <input type="checkbox"/> White Irish                     | <input type="checkbox"/> Asian other     |
| <input type="checkbox"/> White other                     | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Black African   |
| <input type="checkbox"/> Mixed White and Black African   | <input type="checkbox"/> Black other     |
| <input type="checkbox"/> Mixed White and Asian           | <input type="checkbox"/> Chinese         |
| <input type="checkbox"/> Mixed other                     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Indian                          | <input type="checkbox"/> Not known       |
| <input type="checkbox"/> Pakistani                       |  |

Country of birth

Time resident in UK at booking

- < 1 year       ≥ 1 year       Not known

Documented communication difficulties?

- Yes       No       Not known

If yes, type of communication difficulties:

- Learning difficulties       Language barrier       Other\*

Age at leaving full-time education (years)

 

Woman's qualification attainment level (Select highest or closest)

- |  |  |
|--|--|
| <input type="checkbox"/> No qualifications   | <input type="checkbox"/> NVQ Level 3/Advanced GNVQ/City and Guilds Advanced Craft/ONC/OND/BTEC National/RSA Advanced Diploma |
| <input type="checkbox"/> 1 - 4 O Levels/GCSE's (any grade)/Entry Level/Foundation Diploma  | <input type="checkbox"/> Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE)                             |
| <input type="checkbox"/> NVQ Level 1/Foundation GNVQ/Basic Skills  | <input type="checkbox"/> NVQ Level 4 - 5/HNC/HND/RSA Higher Diploma/BTEC Higher Level  |
| <input type="checkbox"/> 5+ O Levels (passes)/CSE (grade 1)/GCSE (grades A* - C)/School Certificate/1 A Level/2 - 3 AS Levels/VCE/Higher Diploma | <input type="checkbox"/> Professional Qualifications (e.g. teaching, nursing, accountancy)                                   |
| <input type="checkbox"/> NVQ Level 2/Intermediate GNVQ/City and Guilds Craft/BTEC First or General Diploma/RSA Diploma                           | <input type="checkbox"/> Other vocational or work-related qualifications   |
| <input type="checkbox"/> 2+ A Levels or VCE's/4+ AS Levels/Higher School Certificate/Progression or Advanced Diploma                             | <input type="checkbox"/> Foreign qualifications  |
|  | <input type="checkbox"/> Not known   |

Main support during pregnancy

- Partner (cohabiting)       Family/friend       Not known  
 Partner (not cohabiting)       None

## 1.2 Woman's details continued

### Employment status at booking

- Employed or self-employed (*full or part-time*)
- Unemployed (*looking for work*)
- Retired
- Student (*full or part-time*)
- Looking after home/family
- Permanently sick/disabled
- Other
- Not known

### Did woman have a partner?

- Yes  No  Not known

### Partner's employment status at booking

- Employed or self-employed (*full or part-time*)
- Unemployed (*looking for work*)
- Retired
- Student (*full or part-time*)
- Looking after home/family
- Permanently sick/disabled
- Other
- Not known

### Parents' blood relationship

- Unrelated  Other relation
- First cousins or closer  Not known

### Was woman refugee or asylum seeker?

- Yes  No  Not known

### Evidence of homelessness or living in temporary accommodation at any point during this pregnancy?

- Yes  No

**If Yes**, accommodation types during this pregnancy (tick all that apply):

- Emergency accommodation to prevent or relieve homelessness – Bed and breakfast or hotel
- Hostel or night shelter to prevent or relieve homelessness
- House/flat where Local Authority has placed family under homelessness duty (Council owned, private landlord, housing association)
- Supported accommodation to relieve homelessness
- Rough sleeping/squatting
- Unspecified temporary accommodation

### History of homelessness or living in temporary accommodation at any point prior to this pregnancy?

- Yes  No

**If Yes**, accommodation types prior to this pregnancy (tick all that apply):

- Emergency accommodation to prevent or relieve homelessness – Bed and breakfast or hotel
- Hostel or night shelter to prevent or relieve homelessness
- House/flat where Local Authority has placed family under homelessness duty (Council owned, private landlord, housing association)
- Supported accommodation to relieve homelessness
- Rough sleeping/squatting
- Unspecified temporary accommodation

## 2.1 Woman's health

### Did this woman have any of the following pre-existing medical problems?

- Yes (*specify below*)  No  Not known

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma requiring an increase in treatment or admission to hospital | <input type="checkbox"/> Hypertension   |
| <input type="checkbox"/> Autoimmune disease e.g. lupus, scleroderma                         | <input type="checkbox"/> Inflammatory bowel disease   |
| <input type="checkbox"/> Blood/clotting disorders   | <input type="checkbox"/> Learning disability  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Liver disease  |
| <input type="checkbox"/> Cardiac disease including dysrhythmia                              | <input type="checkbox"/> Physical disability  |
| <input type="checkbox"/> Cystic fibrosis  | <input type="checkbox"/> Psychological or mental health problems including eating disorders |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Renal disease  |
| <input type="checkbox"/> Endocrine problem other than thyroid disease or diabetes           | <input type="checkbox"/> Thrombosis   |
| <input type="checkbox"/> Epilepsy treated with anti-convulsants                             | <input type="checkbox"/> Thyroid disease  |
| <input type="checkbox"/> Genetic/hereditary condition                                       | <input type="checkbox"/> Transplant   |
| <input type="checkbox"/> Haematological disorders/haemoglobinopathies                       | <input type="checkbox"/> Uterine or other significant surgery                               |
| <input type="checkbox"/> Hepatitis B or C   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> HIV  |   |

### Tobacco smoking status

- Never used  Gave up during pregnancy
- Non-user at booking (history unknown)  Smoker
- Gave up before pregnancy  Not known

### Electronic cigarette use

- Never used  Gave up during pregnancy
- Non-user at booking (history unknown)  Electronic cigarette user
- Gave up before pregnancy  Not known

## 2.1 Woman's health continued

**Breath carbon monoxide** (parts per million)

**Was there documented alcohol abuse?**

Yes  No  Not known

**Was there documented substance abuse?**

Yes  No  Not known

## 3.1 Previous pregnancies

**Number of previous pregnancies** (Please copy this sheet if more than 4 previous pregnancy outcomes)

For each previous pregnancy, please list all fetuses and babies and their outcomes.

For stillbirths and live births, please also state birth weight; for live births, please also indicate whether an infant death occurred.

Pregnancy number	Fetus number	Outcome (all births)	Year (all births)	Gestation (weeks) (all births)	Birth weight (grams) (SB & LB only)	Infant death? (LB only)
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="text"/>	<input type="text"/> of <input type="text"/>	<input type="checkbox"/> TOP <input type="checkbox"/> Fetal loss (0-23 w) <input type="checkbox"/> Stillbirth ( $\geq 24$ w) <input type="checkbox"/> Live birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

## 3.2 Obstetric history

**Did this woman have any of the following previous pregnancy complications?**

Yes (*specify below*)  No  Not known

- |  |   |
|--|---|
| <input type="checkbox"/> Abruption   | <input type="checkbox"/> Pre-term birth <34 wks gestation   |
| <input type="checkbox"/> Baby with a birthweight >4.5kg                        | <input type="checkbox"/> Rhesus or other incompatibility disease  |
| <input type="checkbox"/> Caesarean section in any past pregnancy               | <input type="checkbox"/> Severe pre-eclampsia/HELLP/eclampsia   |
| <input type="checkbox"/> Excessive gestational weight gain                     | <input type="checkbox"/> Shoulder dystocia  |
| <input type="checkbox"/> Gestational diabetes                                  | <input type="checkbox"/> Three or more miscarriages (<24/40)  |
| <input type="checkbox"/> Group B Strep infection in a previous baby            | <input type="checkbox"/> Thromboembolic disease   |
| <input type="checkbox"/> Growth restricted baby/small for gestational age baby | <input type="checkbox"/> Uterine abnormality e.g. bicornuate uterus   |
| <input type="checkbox"/> Placenta accreta/increta/percreta                     | <input type="checkbox"/> Uterine surgery or related surgery (other than CS) including surgery for uterine rupture |
| <input type="checkbox"/> Pregnancy induced hypertension                        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Pregnancy related mental health problems              |   |

## 4.1 Booking

**Intended place of birth at booking\***

Type of unit

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Obstetric unit              | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Alongside midwifery unit    | <input type="checkbox"/> Undecided    |
| <input type="checkbox"/> Freestanding midwifery unit | <input type="checkbox"/> Never booked |
| <input type="checkbox"/> Home                        | <input type="checkbox"/> Not known    |
| <input type="checkbox"/> Freebirthing                |                                       |

Type of care

- |   |   |
|---|---|
| <input type="checkbox"/> Obstetrician led | <input type="checkbox"/> Shared (obstetric & midwifery co-care) |
| <input type="checkbox"/> Midwifery led    | <input type="checkbox"/> Not known                              |
| <input type="checkbox"/> Freebirthing     |   |

**Name of unit/hospital intended to provide care**

#### 4.1 Booking continued

**Date of first booking appointment** (dd/mm/yyyy)

 /  / 

**Final estimated date of delivery (EDD)** (dd/mm/yyyy)

 /  / 

**Basis of final EDD**

- Dating ultrasound scan  
 Last menstrual period  
 Not known

**Number of babies present at the dating scan**

**Chorionicity**

- Dichorionic, diamniotic  
 Monochorionic, diamniotic  
 Monochorionic, monoamniotic  
 Trichorionic, triamniotic  
 Other triplet or higher order multiples chorionicity  
 Not known

**Assisted conception**

- Not assisted  
 Ovulation induction only (e.g. clomiphene)  
 In-vitro fertilisation (IVF) including egg donation  
 Intra-cytoplasmic sperm injection (ICSI)  
 Artificial insemination with/without ovulation induction  
 Not known

**Height (cm)**

**First recorded weight (kg)**

**First recorded BMI** (if either height or weight unavailable)

 . 

#### 4.2 Antenatal care provision

**Documented poor appointment attender** (two or more missed appointments)?

- Yes  No  Not known

**Was there a transfer of care between booking and onset of labour?**

- Yes  No

**Reason if there was transfer of care**

- Higher level of maternal care required  
 Higher level of neonatal care required  
 Higher level of maternal & neonatal care required  
 Organisational  
 Other  
 Return to home unit  
 Not known

**Intended place of birth at onset of care in labour\***

Name of unit/hospital providing care at onset of labour

**Type of unit**

- Obstetric unit  Freebirthing  
 Alongside midwifery unit  Other  
 Freestanding midwifery unit  Undecided  
 Home  Not known

**Type of care**

- Obstetrician led  Shared (obstetric & midwifery co-care)  
 Midwifery led  Not known  
 Freebirthing

**Was there a transfer of care between onset of labour and birth?**

- Yes  No

**Reason if there was transfer of care**

- Higher level of maternal care required  
 Higher level of neonatal care required  
 Higher level of maternal & neonatal care required  
 Organisational  
 Other  
 Return to home unit  
 Not known

**Actual place of birth\***

Name of unit/hospital providing care at birth

## 4.2 Antenatal care provision continued

<b>Type of unit</b> <input type="checkbox"/> Obstetric unit <input type="checkbox"/> Alongside midwifery unit <input type="checkbox"/> Freestanding midwifery unit	<input type="checkbox"/> In transit <input type="checkbox"/> Home <input type="checkbox"/> Other	<b>Type of care</b> <input type="checkbox"/> Obstetrician led <input type="checkbox"/> Midwifery led <input type="checkbox"/> Freebirthing <input type="checkbox"/> Unattended	<input type="checkbox"/> Shared (obstetric & midwifery co-care) <input type="checkbox"/> Other <input type="checkbox"/> Not known
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## 5.1 Delivery and outcomes summary

**Note:** If reporting more than one death from this pregnancy, please complete an additional copy of pages 6 to 8 for each additional birth.

### Case definition\*

- Late fetal loss (a baby delivered between 22<sup>+0</sup> and 23<sup>+6</sup> weeks gestational age† showing no signs of life, irrespective of when the death occurred)  
 Stillbirth (a baby delivered at or after 24<sup>+0</sup> weeks gestational age† showing no signs of life, irrespective of when the death occurred)  
 Fetal loss before 22 weeks (as part of a multiple pregnancy)  
 Early neonatal death (a live born baby [born at 20<sup>+0</sup> gestational age or later†] who died before 7 completed days after birth)  
 Late neonatal death (a live born baby [born at 20<sup>+0</sup> weeks gestational age or later†] who died from 7 completed days after birth but before 28 completed days after birth)  
 Currently alive

† Or from 400g where an accurate estimate of gestation is not available

### Termination of pregnancy\*

- Yes  
 No

### Reason for termination of pregnancy\*

- Congenital anomaly  
 Fetal reduction  
 Not known  
 Maternal health  
 Other

## 5.1A Labour and delivery

### Onset of labour

- Spontaneous  
 Induced  
 Never in labour  
 Not known

### Presentation at delivery

- Vertex  
 Breech  
 Brow/Face  
 Other  
 Not known

### Date and time of onset of care in labour, or start of induction (dd/mm/yyyy hh:mm)

□□	/	□□	/	□□□□	□□	:	□□
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### Attempted modes of delivery (tick all that apply)

- Spontaneous vaginal  
 Ventouse  
 Non-rotational forceps  
 Rotational forceps  
 Assisted breech  
 Breech extraction  
 Destructive operative delivery  
 Pre-labour caesarean section  
 Caesarean section after onset of labour  
 Perimortem caesarean section

### Final mode of delivery

- Spontaneous vaginal  
 Ventouse  
 Non-rotational forceps  
 Rotational forceps  
 Assisted breech  
 Breech extraction  
 Destructive operative delivery  
 Pre-labour caesarean section  
 Caesarean section after onset of labour  
 Perimortem caesarean section  
 Not known

### Type of caesarean section (if applicable)

- Immediate threat to life of mother or fetus  
 Maternal compromise that is not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery timed to suit woman or staff (elective)  
 Not known

### Primary indication for caesarean section

- Abnormal presentation  
 Previous caesarean section  
 Fetal compromise  
 Maternal compromise  
 Slow progress  
 Other  
 Not known

### Was the baby born in water?

- Yes  
 No  
 Not known

### Delivery complications (tick all that apply)

- None  
 Shoulder dystocia  
 Cord prolapse  
 Cord accident  
 Antepartum haemorrhage  
 Other  
 Not known

**5.1A Labour and delivery** continued

Date and time of delivery/birth\* (dd/mm/yyyy hh:mm)

□□	/	□□	/	□□□□	□□	:	□□
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**5.1B Baby/fetus outcomes** (all deaths)

Baby's given name/first name\*

Sex of fetus or baby\*

<input type="checkbox"/> Male	<input type="checkbox"/> Indeterminate
<input type="checkbox"/> Female	<input type="checkbox"/> Not known

NHS/CHI number\* (if stillbirth or livebirth)

□□□□	□□□□	□□□□	<input type="checkbox"/> Tick if ineligible for NHS/CHI number
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Hospital number\*

Ethnic category\*

<input type="checkbox"/> White British	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian other
<input type="checkbox"/> White other	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Mixed White and Black Caribbean	<input type="checkbox"/> Black African
<input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> Black other
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed other	<input type="checkbox"/> Other
<input type="checkbox"/> Indian	<input type="checkbox"/> Not known
<input type="checkbox"/> Pakistani	

Birth order / Number of babies at delivery

 of 

Birth weight\* (grams)

Gestation at delivery\* (weeks + days)

 + 

Signs of life in first minute (include any signs, even if stillbirth or late fetal loss)

Heart beat

<input type="checkbox"/> Yes (select rate band from below)	<input type="checkbox"/> $\geq 100$ bpm
<input type="checkbox"/> $< 100$ bpm ( $< 60$ bpm)	<input type="checkbox"/> Not known
<input type="checkbox"/> $< 100$ bpm (60 – 99 bpm)	
<input type="checkbox"/> $< 100$ bpm (unspecified)	
<input type="checkbox"/> No	<input type="checkbox"/> Not known

Cord pulse

<input type="checkbox"/> Yes (select rate band from below)	<input type="checkbox"/> $\geq 100$ bpm
<input type="checkbox"/> $< 100$ bpm ( $< 60$ bpm)	<input type="checkbox"/> Not known
<input type="checkbox"/> $< 100$ bpm (60 – 99 bpm)	
<input type="checkbox"/> $< 100$ bpm (unspecified)	
<input type="checkbox"/> No	<input type="checkbox"/> Not known

Active body movement

 Yes  No  Not known

Respiratory activity

 Yes  No  Not known

Apgar score

At 1 minute  At 5 minutes 

Resuscitation at birth

Was active respiratory support provided?

<input type="checkbox"/> Yes (select active respiratory support outcome):	<input type="checkbox"/> No (state reason active respiratory support <u>not</u> provided):
<input type="checkbox"/> Condition stabilised and neonatal care provided	<input type="checkbox"/> Condition stable, resuscitation not required
<input type="checkbox"/> Attempts to sustain life were stopped	<input type="checkbox"/> Decision made prior to birth
Number of minutes after which attempts were stopped <input type="text"/>	<input type="checkbox"/> Decision made following review of care at delivery
<input type="checkbox"/> Not known	

Other issues

Documented child protection issues

 Yes  No  Not known

Documented history of domestic violence

 Yes  No  Not known
**5.1B Baby/fetus outcomes** (late fetal losses & stillbirths only)

Gestation at confirmation of death (weeks + days)

 + 

Date death confirmed\*

 /  /

### 5.1B Baby/fetus outcomes (late fetal losses & stillbirths only) continued

#### Baby alive at onset of care process that led to delivery

Yes  No  Not known

### 5.1B Baby/fetus outcomes (live births only)

#### Was baby admitted to a neonatal unit?

Yes  No

#### Place of death\*

##### Type of unit

Labour ward  PICU  In transit  
 Neonatal unit  A&E  Other  
 Paediatric unit  Home  Not known

Name of unit/hospital/hospice providing care at time of death

#### If the baby did not die in hospital what was the reason for the transfer?\*

Baby transferred here for palliative care  Baby was discharged home  Baby was never in hospital

Unit of care prior to transfer for palliative care/discharge

#### Was the death unattended?

Yes  No

#### Date and time of death\* (dd/mm/yyyy hh:mm)

/  /  :

### 5.1C Cause of death

#### Sources of information used to determine cause of death (tick all that apply)

- Hospital post mortem  
 Coroner's/procurator fiscal's post mortem  
 Limited post mortem examination  
 Placental histology  
 Clinical assessment

#### Baby/fetus primary cause of death (as written in notes or on the Death Certificate)

  
  


#### Further details of primary cause of death (if appropriate)

  
  
  
  
  


#### Baby/fetus associated condition (maximum 2)

1.

2.

#### Is this the final agreed cause of death following results of any inquest and all requested investigations (e.g. post-mortem, placental histology, blood and genetic tests, perinatal mortality review)?

Yes  No – awaiting results

### 5.1D Post-mortem

#### Was a post-mortem offered?

Yes  No  Not known

#### Was consent given for a post-mortem?

Full  None  
 Limited  Not known

#### Consented procedures (tick all that apply)

MRI  
 X-ray  
 Other (please specify)

#### Was a post-mortem undertaken?

Full  None  
 Limited  Not known

#### Undertaken procedures (tick all that apply)

MRI  
 X-ray  
 Other (please specify)



**5.1D Post-mortem** continued**Was placenta sent for histology?** Yes No Not known**Was the case discussed with a coroner/procurator fiscal?** Yes No Not known**Was the case accepted as a coroner/procurator fiscal's case?** Yes No Not known**Comments**

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Once this form is complete, all data must be transferred to the MBRRACE-UK online data entry system: [www.mbrpace.ox.ac.uk](http://www.mbrpace.ox.ac.uk)