

Notification of death



CROWN OFFICE
& PROCURATOR
FISCAL SERVICE

SCOTLAND'S PROSECUTION SERVICE

Reported by	Dr
Contact details (The best direct telephone number for the reporting doctor i.e. ward number and/ or mobile number. Not hospital switchboard number) – If reporting DR is unlikely to be available due to shift pattern please also provide name / number of Dr who will be on shift.	
Date and time of reporting	
Please provide details of who to contact if the reporting doctor is unavailable (Full name and a direct telephone number and/or their mobile phone number)	
Supervising consultant and secretary or GP Practice Manager (Name and direct telephone number and/or mobile phone number)	

Particulars of deceased

Full name and CHI	
Age	
Date of birth	
Address	
Locus of death	
Date & time of death	
General Practitioner (Name, address and telephone number)	
Please highlight any religious/cultural requirements relating to the deceased of which you are aware	

Nearest relatives

Name	
Relationship to deceased	
Special Needs eg Interpreter	
Address and telephone number (including mobile number) of nearest relatives	

History

Relevant past medical history and relevant medication (include prescribed medication and any alcohol / illicit drug abuse history)	
Summary of main events prior to death (where available please include copies of discharge summary; operation notes; etc)	
Why are you referring the death to the Procurator Fiscal? (This will form the basis	

of your discussion with the PF so please refer to the following document, Reporting Deaths to the Procurator Fiscal – Info for Medical Practitioners and indicate under which section (part 3) you are reporting this death.	
Have the circumstances of the death been discussed with nearest relatives?	
Name of person who discussed death with nearest relatives	
Date of discussion	
Have nearest relatives expressed any concerns about the circumstances of the death? (If yes, please specify)	
Have nearest relatives been advised that the death has been reported to Procurator Fiscal?	
Have you any concerns? (Please list)	
Are you willing or unwilling to issue the death certificate? If unwilling, please explain why not	
Proposed cause of death if certification being offered.	
If certification is not being offered, please provide the presumed cause of death in general terms, if known	
Has consideration been given to carrying out a hospital post-mortem examination?	
Certifying doctor	
If this is a suspected asbestosis/ mesothelioma death please confirm whether a biopsy or other test has been taken in life which has confirmed this diagnosis. (Please provide details)	

For PF Office Use Only

PF to whom reported	Name: U number:
PF instructions (Remember to request medical records; admission/pre-transfusion blood samples if applicable)	
Date of PF instructions	