

CASE WORK SHEET

Case No. _____

Date and time of examination
___/___/___ at ___ hours

Name _____
YOA _____

Pathologist _____ MJD _____ Other

Clothing _____ None _____ Height _____
_____ On/with Body _____ Weight _____

Histology _____ Routine _____ Other
Toxicology _____ Routine _____ Special Request
Vitreous Chemistry _____ None _____ Routine _____ Special Request
Microbiology _____ None _____ Taken from
X-Rays _____ None _____ ACCO _____ Hospital
Seen by Pathologist
yes / no

Evidence _____ None _____ Yes (see evidence form)

Weapon
_____ None _____ Not seen _____ Seen
_____ Firearm _____ Sharp Instrument _____ Blunt Instrument
_____ Ligature _____ Other, specify _____

Assistant _____

Witnesses _____ All _____ Part _____ Telephoned

Certification: Cause of death

Held for:
_____ Neuropathology _____ Toxicology _____ Investigation
_____ Anesthesia Related _____ Other, _____

Manner of Death
N _____ A _____ T _____ S _____ H _____ U _____

Organ weights:
Heart: _____ Lungs: _____ / _____ Kidneys: _____ / _____
Spleen: _____ Liver: _____ Brain: _____ Other: _____

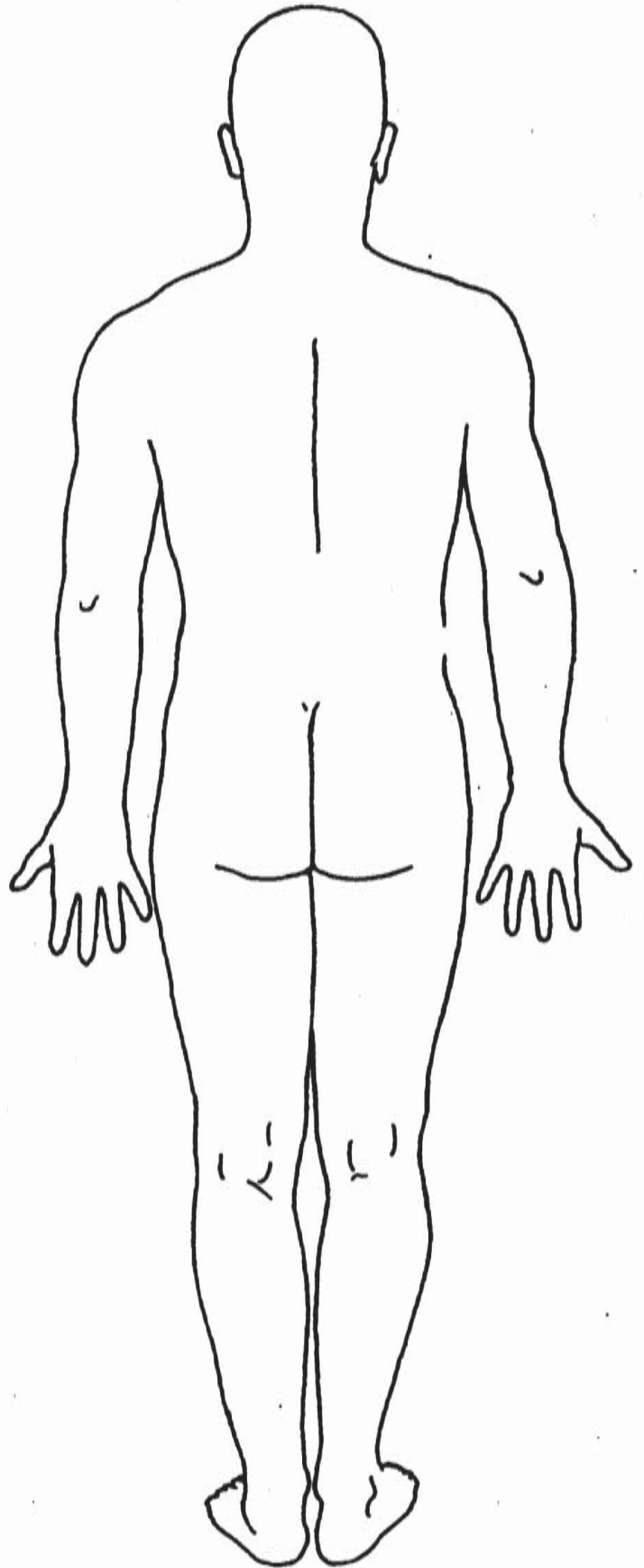
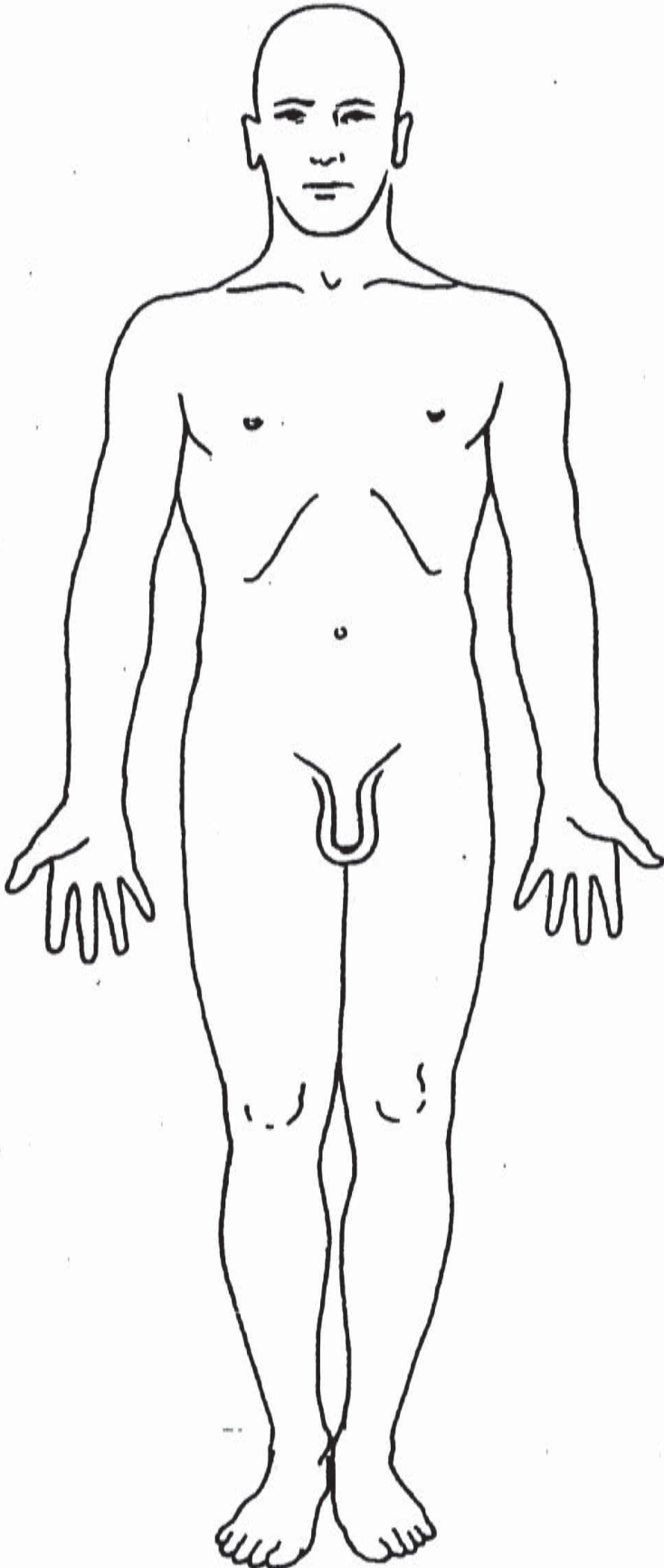
Fluid Volumes:
Bile: _____ Urine: _____ Gastric: _____
Pericardial: _____ Peritoneal: _____ Pleural: _____ / _____

Appendix: +/- Tubes: Right; +/- Left; +/-
Uterus: +/- Ovaries: Right; +/- Left; +/-

Full body, male, anterior and posterior views (ventral and dorsal)

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /



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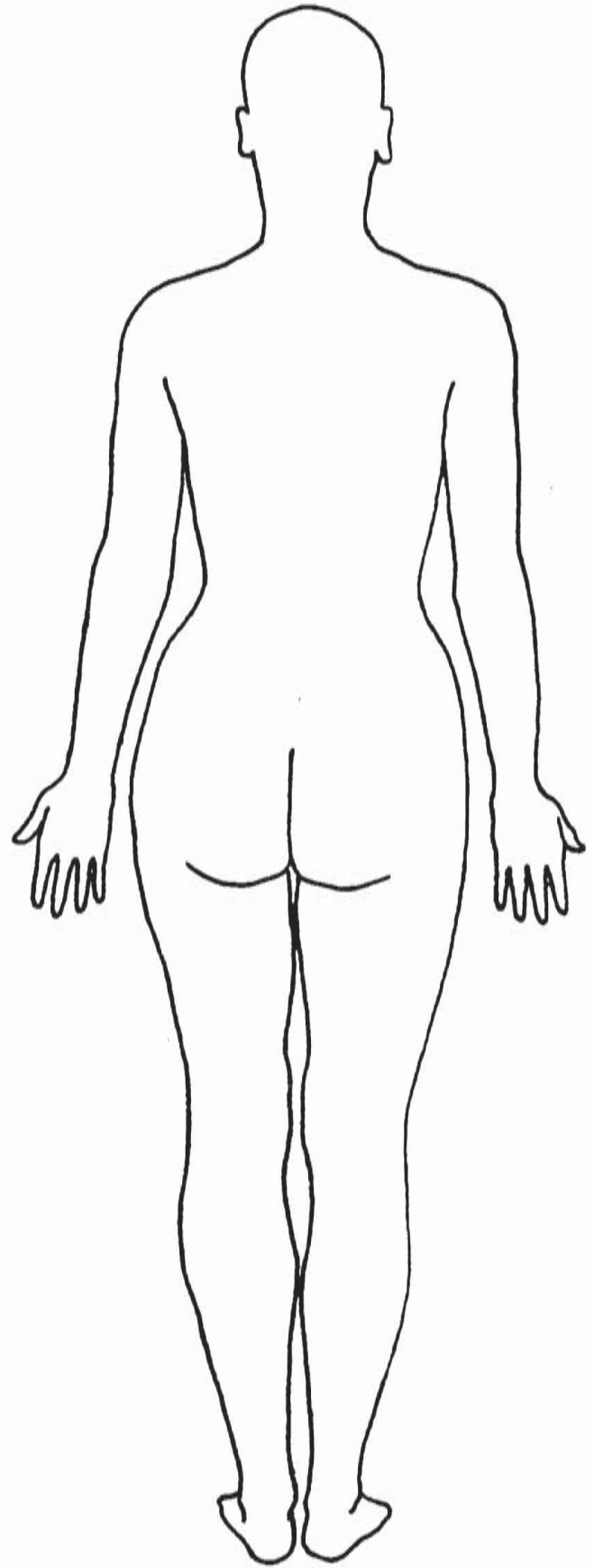
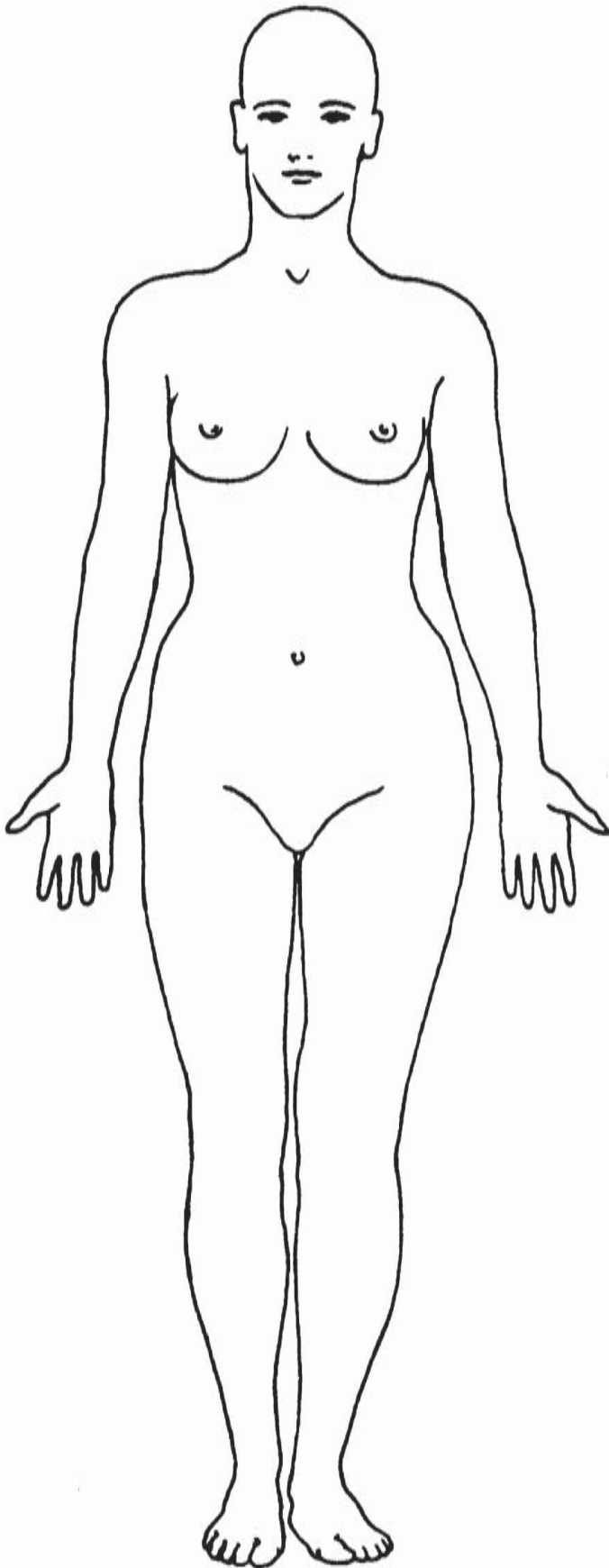
Full body, female, anterior and posterior views

Name _____

Autopsy No. _____

Age _____ Race _____ Sex _____

Date / /



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Heart: _____ Lungs: _____ / _____ Kidneys: _____ / _____
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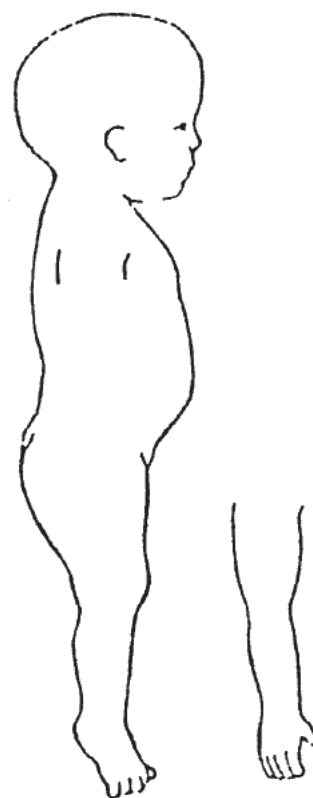
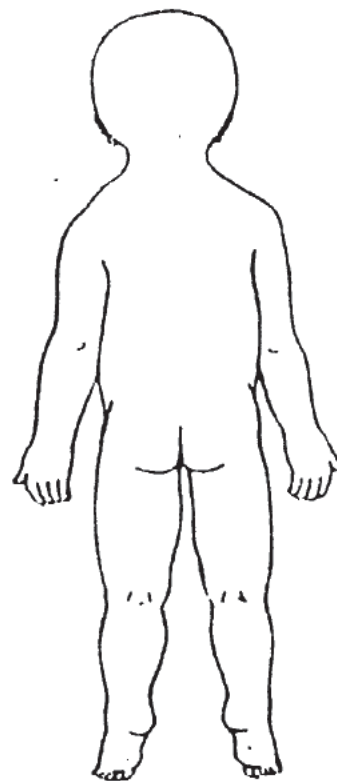
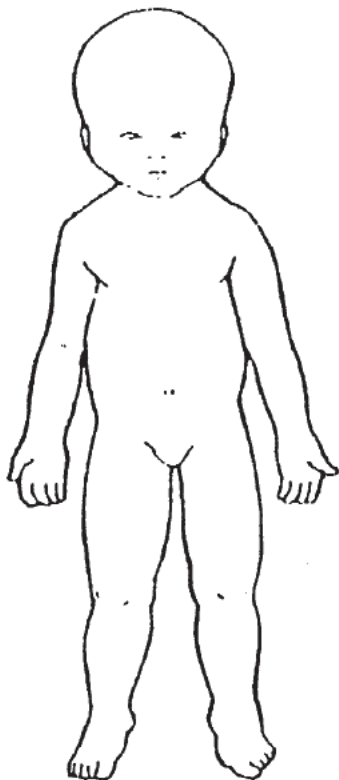
Fluid Volumes:
Bile: _____ Urine: _____ Gastric: _____
Pericardial: _____ Peritoneal: _____ Pleural: _____ / _____

Appendix: +/- Tubes: Right; +/- Left; +/-
Uterus: +/- Ovaries: Right; +/- Left; +/-

Infant, ventral, dorsal, and left and right lateral views

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /



EXTERNAL EXAM

Case No. OMI: _____

Name _____

Age _____ Sex _____ Race _____ Date _____

Sealed body bag: Yes _____ No _____

Name: _____

Sealed by: _____ Date: _____

Well developed _____ or _____ Obese _____ Thin _____ Normal _____

Height _____ in.

Weight _____ lbs.

ID BAND: OMI/Hosp right/ left wrist/ ankle OMI/Hosp right/ left wrist/ ankle OMI/Hosp right/ left wrist/ ankle

Clothing: None _____

Clad in usual fashion Partially cut off body for resuscitation Accompanying Body As listed _____

_____ Hat _____	_____ Pajamas _____	_____ Belt _____
_____ Jacket _____	_____ Nightgown _____	_____ Pants _____
_____ Coat _____	_____ Robe _____	_____ Underpants _____
_____ Sweater _____	_____ Blouse _____	_____ Shoes _____
_____ Shirt _____	_____ Slip _____	_____ Boots _____
_____ Undershirt _____	_____ Bra _____	_____ Socks/Stockings _____
_____ Other _____		

Valuables: None _____ As listed _____

_____ Wallet _____	_____ Necklace _____	_____ Credit cards _____
_____ Watch _____	_____ Earrings _____	
_____ Ring(s) _____	_____ Bracelet _____	_____ Keys _____
_____ Cards/papers _____		_____ Money _____
_____ Other _____		

TEMP: Warm Cool Cold

RIGOR MORTIS:

Jaw Yes _____ No _____

Small musc (eyeiids, fingers) Yes _____ No _____

Large musc. (arms, legs) Yes _____ No _____

LIVOR MORTIS:

Fixed _____

Blanchable _____

Minimally evident & easily blanchable _____

Purple _____

Pink/Cherry red _____

Other _____

Posterior dependent areas _____

Other areas _____

DECOMPOSITION?

Yes _____ No _____ Evidence of _____

PREVIOUSLY EMBALMED?

Yes _____ No _____ Evidence of _____

ORGAN DONATION PROCUREMENT?

Yes _____ No _____ Evidence of _____

HAIR: Color _____

EYES: Color _____

Length _____

Pupil size _____ Bilat equal _____

Straight _____ Wavy _____ Curly _____

Cornea: translucent clouded

Sclerae and conjunctivae unremarkable _____

congested _____ other _____

NOSE: unremarkable _____ or _____

EARS: unremarkable _____ Pierced _____ R _____ L _____

MUSTACHE: Yes _____ No _____ BEARD/stubble: Yes _____ No _____ Color _____

TEETH: Natural _____ Irregularly absent _____

Edentulous _____

Repair/condition: None Good Adequate Poor

Dentures in place Yes _____ No _____

NECK: Unremarkable _____ or _____

THORAX: well devel & symmetrical _____ Increased A/P diameter _____ Other _____

ABDOMEN: flat protuberant obese

ANUS & BACK: unremarkable _____ hemorrhoids _____ Other: _____

GENITALIA:

Male: Circum _____ Uncircum _____ Female: Breasts well developed _____ w/out masses _____

Testes descended R _____ L _____ Genitalia - normal adult female _____

UPPER AND LOWER EXTREMITIES: Well developed and symmetrical Yes _____ No _____

All digits present and normal Yes _____ No _____

IDENTIFYING MARKS AND SCARS:

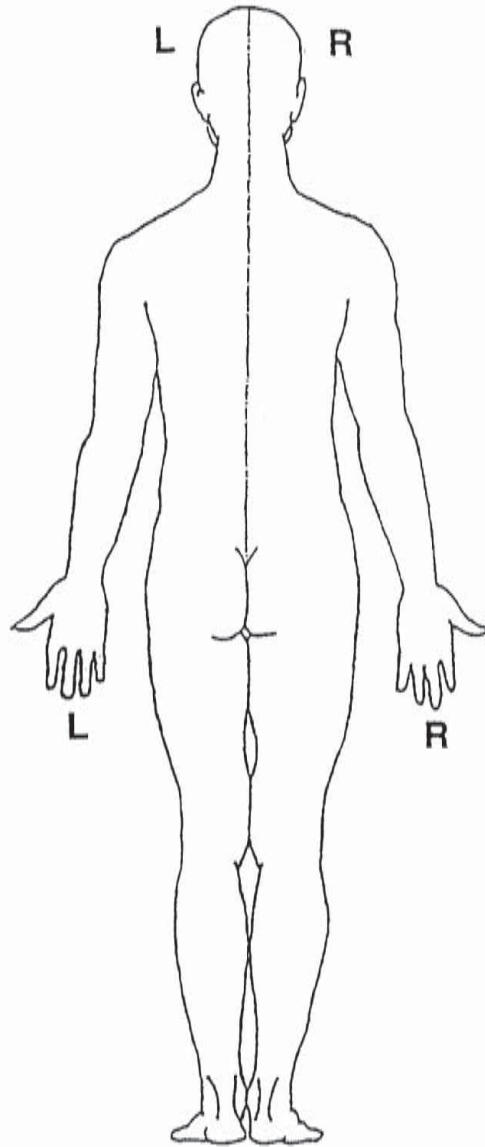
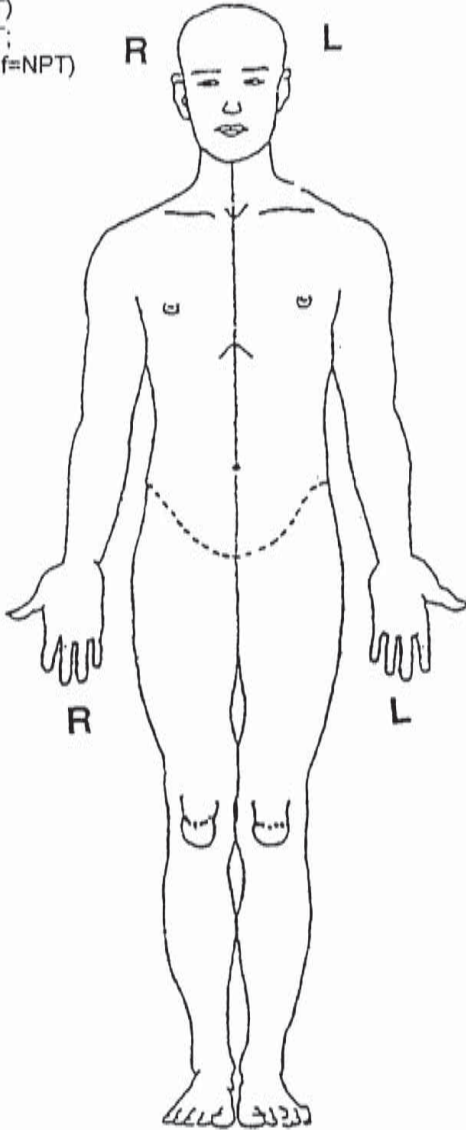
Surgical Scars (SS)

Scars (S)

Tattoos (T)

(Prof=PT;
Nonprof=NPT)

None apparent _____



Evidence of Medical Intervention:

None _____

ET / OT Tube

NG / OG Tube

Curved plastic airway

Foley

ECG Patches # _____

Defib/Pacer Pads

IV's/Np's:

Subclavian R__L__

Forearm R__L__

Inguinal R__L__

Antecubital R__L__

Wrist R__L__

Hand R__L__

Pulse/Oximeter _____

Rectal temp. probe _____

Intracranial Press. Cath. _____

Other: _____

X-RAYS:

None _____

taken _____

Of (head, neck, chest, abdomen, total body) _____

Show _____

EVIDENCE:

None _____

Clothing _____

Valuables _____

Blood tube _____ Blood spot _____

Hair: Scalp _____ Axilla _____ Pubic _____ Pubic Combing _____

Finger prints _____ Palm prints _____

Fingernails, R & L _____

Swabs and smears: Oral _____ Anal _____

Vaginal _____ Gastric Swab _____

Missile(s): _____

Trace: _____

Body Bag _____