

MEDICAL RECORD	PRONOUNCEMENT OF DEATH
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I. INSTRUCTIONS: Physician who determines patient has expired fills in the following information:

A. PRONOUNCED DEAD	DATE (Month, day, year)	HOUR: _____ A.M. _____ P.M.
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B. CLINICAL DIAGNOSIS

C. CHECK THE APPROPRIATE CATEGORY

- | | |
|--|---|
| <input type="checkbox"/> Hospital death
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
When applicable complete II A below | <input type="checkbox"/> Dead on arrival
Complete II A below |
|--|---|

D. PERTINENT COMMENTS

E. NIH Physician's Signature	Date Signed
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II. MEDICAL EXAMINER'S (ME) CASE

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

NIH Physician's Signature:	Date Signed:
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CLINICAL CENTER ADMINISTRATION REVIEW

B. Reviewed by: (Signature and Title)	Date
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PATIENT IDENTIFICATION

PRONOUNCEMENT OF DEATH
 NIH-2508 (5-82)
 P.A. 09-25-0099