

COVID-19 Deceased Notification Form (version 3.0)

NHS England and NHS Improvement

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| **Organisation** |  |
| **Hospital / Community/ Residential** |  |
| **Location of death Ward/ITU/ED/Other** |  |
| **Sex** |  |
| **Age** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Date of Admission** |  |
| **Date Swabbed** |  |
| **Date of Result** |  |
| **Date/Time of Death** |  |
| **Relatives Aware, Yes/No** |  |
| **Relatives Support** |  |
| **Pre-existing Conditions** |  |
| **Travel History** |  |

**Worcestershire Acute Hospitals NHS Trust**

**Reporting of Deaths Due To Coronavirus/Possible Coronavirus**

The notification form attached must be completed and returned for any patient who dies and is COVID-19 positive or has been swabbed and is awaiting results for COVID-19.

The form must be completed on the date of death and emailed to wah-tr.wrhcontrol@nhs.net

Please state *Report of patient death* in the email header.