



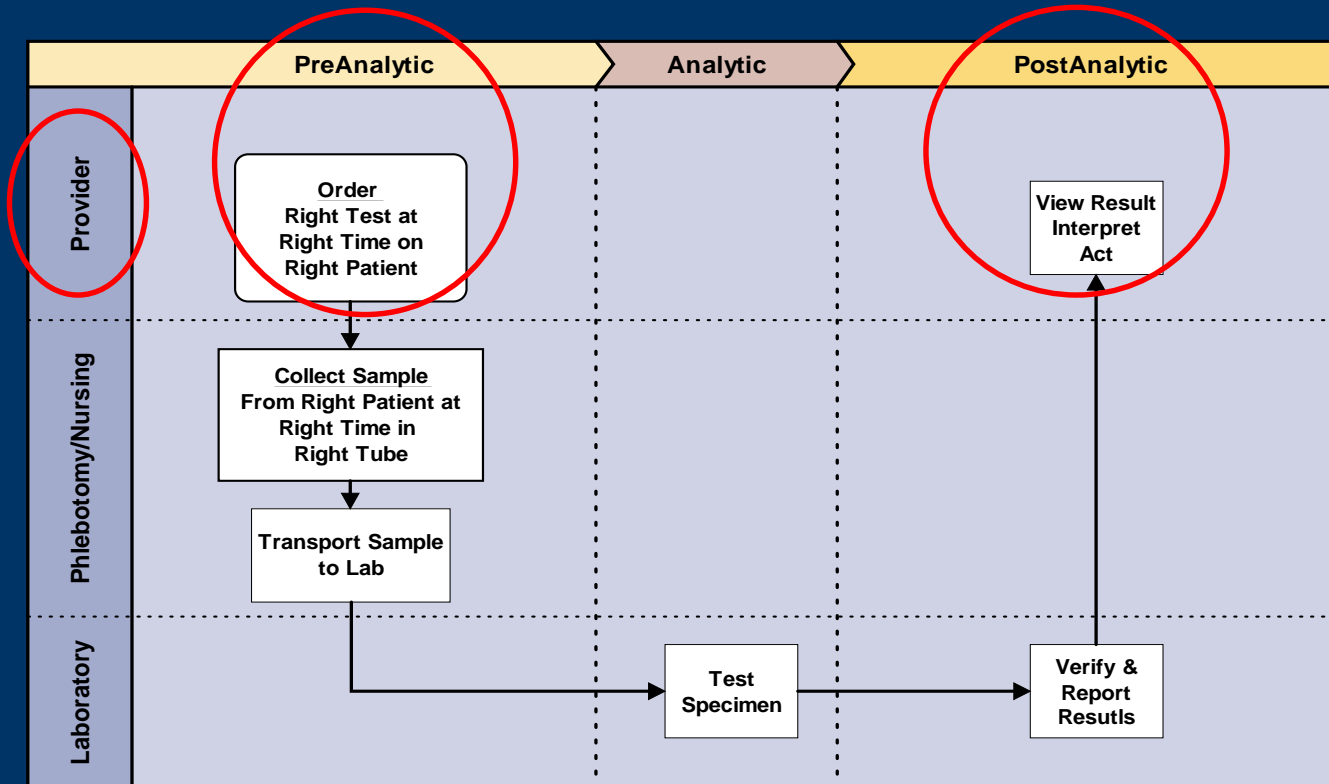
Clinical Laboratories West Virginia University Hospitals

Resident Orientation

Peter L. Perrotta, MD
Medical Director Clinical Laboratories
pperrotta@hsc.wvu.edu

Joseph A. DelTondo, DO
Director of Autopsy Services
jadeltondo@hsc.wvu.edu

Residents are IMPORTANT in Laboratory Testing Process



What were you taught about Lab Medicine in medical school?

Clinical Labs @ WVUH

24/7

Level 3 Ruby

Staffed by supervisors, technologists, etc.

- Chemistry: Dr. Tacker
- Hematology & Coagulation: Dr. Esan
- Flow cytometry: Dr. Rosado
- Microbiology: Dr. LaSala
- Molecular Diagnostics: Dr. Smolkin
- Cytogenetics: Dr. Sasi
- Blood Bank: Dr. Perrotta

***Problems are brought to
supervisors & pathologists!***

Regulatory Concerns

- Lab practice strictly regulated by federal (CMS, FDA) and other organizations (JC, CAP, AABB)
 - CLIA Medical Director = Dr. Perrotta
- **MUST** be a computer-entered (written) order for each test, and the test must be medically necessary
- Some tests require informed consent
 - Genetic tests
 - Blood transfusion
 - HIV no longer requires written consent

Technologists CANNOT deviate from policies/procedures without pathologist approval

Test Availability

- Tests needed for urgent care (& many others) are available 24/7
- Tests we don't do are sent to a reference lab far away
- Limited point-of-care testing

Testing Capabilities

- **Chemistry & Hematology Automated Core**
- **Flow cytometry, FISH, cytogenetics**
- **Molecular (PCR): Many varieties**
- **Mass spectrometry**
- **MALDI-TOF Microbiology**



Turnaround Times (TAT)

- Routine: < 4 hours (usually < 2 hours)
- “STAT”: < 1 hour
 - 25-50% tests ordered “STAT”
 - Collected by unit/nurse
 - ED Tnl 30 minutes
- Timed
 - Collected 1 hour before or after time by phlebotomy

Routine priority for orders usually sufficient

Electronic Test Formulary

- **Comprehensive**
 - Tests performed at WVUH
 - Reference lab tests
- **Current/Accurate/Easily updated**
- **Includes educational material**
 - Practice guidelines, algorithms, publications

The screenshot shows the WVU Medicine website interface. At the top left is the WVU Medicine logo. To its right, the text 'West Virginia University Hospital, Inc.' is displayed. A 'Help' icon is in the top right corner. Below the header, there are two main sections: 'Browse by Name' and 'Search'. The 'Browse by Name' section features a grid of buttons labeled with letters A through Z and a hash symbol. The 'Search' section has a text input field and a 'Search' button. Below these sections, the website provides contact information for West Virginia University Hospital, Inc., including the address '1 Medical Center Drive, Morgantown, WV 26506'. An 'Overview' section follows, containing three paragraphs of text about the laboratory services, accreditation, and staff. On the left side of the page, there is a sidebar with a list of links: 'Accreditation and Licensure' (with sub-links for CAP, CLIA, and WVUMCO certificates), 'Personnel', 'Requests', 'Policies-West Virginia University Hospitals (WVUH) Laboratories' (with a sub-link for the WVU Healthcare Reflex Test List), 'Specimen Collection and Preparation', and an empty list item.

WVU Medicine West Virginia University Hospital, Inc. [Help](#)

Browse by Name

A B C D E F
G H I J K L
M N O P Q R
S T U V W X
Y Z #

Search

[Search](#)

West Virginia University Hospital, Inc.
1 Medical Center Drive
Morgantown, WV 26506

Overview

West Virginia University Hospitals (WVUH) Laboratories provides comprehensive Clinical Laboratory and Anatomic Pathology Services. We offer an extensive testing menu that assists healthcare providers in diagnosing and treating patients within WVU Healthcare and in the surrounding region. The majority of patient testing is performed in the highly automated, state-of-the-art chemistry and hematology core laboratories located within Ruby Memorial Hospital. More specialized testing is performed on-site in the molecular diagnostics, flow cytometry, cytogenetics, and mass spectrometry laboratories.

The Laboratories are fully accredited by the College of American Pathologists, The Joint Commission, the American Association of Blood Banks and a number of other federal, national and state specialty regulatory bodies. Extensive internal and external quality assurance programs are maintained to assure high-quality patient testing.

Pathologists are available at all times to assist health care practitioners with unusual or difficult testing situations. The Department of Pathology is staffed by pathologists with training and certification in many specialized areas including Hematology, Microbiology, Transfusion Medicine, Clinical Chemistry, Cytology, Neuropathology, and Forensics. The Department is also responsible for training Pathology residents and clinical laboratory science students.

- Accreditation and Licensure
 - CAP Certificate
 - CLIA Certificate
 - CLIA Certificate WVUMCO
- Personnel
- Requests
- Policies-West Virginia University Hospitals (WVUH) Laboratories
 - WVU Healthcare Reflex Test List
- Specimen Collection and Preparation
-

<http://wvuh.testcatalog.org/>

Mayo Medical Labs is our Primary Reference Lab

Test Catalog

Test Name						Disease					
A	B	C	D	E	F						
G	H	I	J	K	L						
M	N	O	P	Q	R						
S	T	U	V	W	X						
Y	Z	#									

Test Catalog

Ordering and Results

Utilization Management

Specialties and Research






Specimen Handling


Education

Outreach Resources

Customer Service

About Us







MAYO MEDICAL LABORATORIES

OUR MISSION IN ACTION


Watch Video




Test Catalog



Utilization Management



The Blog



NEWS

Memorial Day Specimen Shipment Alert

MayoACCESS®

- Launch Application
- References

Quick Links

- Supply Catalog
- CPT Code Updates
- Mayo Validation Support Services

Hyperlinks to Mayo website in Epic

Test Order Entry

Priorities & Frequencies

HEPATITIS C ANTIBODY SCREEN WITH REFLEX TO HCV PCR
STAT, starting Today at 1342 Until Specified, Unit Collect

Priority:

Frequency:

For: ☒ Occurrences ☐ Hours ☐ Days ☐ Weeks

Starting:

First Occurrence:

First Occurrence: **Today 1342** **Until Specified**

There are no scheduled times based on the current order parameters.

Class:

Reference: 1. Ruby Lab Manual

Links: [Click to add text](#)

Comments (F6): [Click to add text](#)

Hyperlinks

Don't use
"Comments"

HEPATITIS C ANTIBODY SCREEN WITH REFLEX TO HCV PCR - West Virginia University Hospital, Inc. - Windows Internet Explorer

http://www.testcatalog.org/show/HCVAB

File Edit View Favorites Tools Help

WVUHealthcare West Virginia University Hospital, Inc. Sign In

Home Help

Search Tests

Browse by Name

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z	#			

HEPATITIS C ANTIBODY SCREEN WITH REFLEX TO HCV PCR **Test Code HCVAB**

Additional Test Codes
WVUH Merlin Code: **LAB204734**

Methodology
HCVAB: Chemiluminescent Immunoassay
HCVQR: Polymerase Chain Reaction (PCR)

Performing Laboratory
West Virginia University Hospital, Morgantown, WV

Specimen Requirements
Collect: One 7 mL lavender top tube
Minimum Collection Volume: 2 mL blood
Stability: Centrifuge within 2 hours after collection
Ambient: 3 days
Refrigerated: 7 days
Frozen: not specified
Required for Testing: 1.0 mL plasma
Collection Remarks: Avoid freeze-thaw cycling

Accreditation and Licensure
CAP Certificate
CLIA Certificate

Personnel
Requests

Lab Collect Times



- AM Draw (0530)
 - Results available early to mid-morning
- AFTERNOON Draw (1600)
 - Results available later afternoon later afternoon
- NIGHT Draw (2200)
 - Results available around midnight

Best Practice Alerts & Pop-ups

BestPractice Advisory - Orders,Becca

Important (1 Advisory)

⚠ This test has been performed and resulted as negative within the past 7 days. Alternative etiologies of diarrhea should be considered. Test methods in use at WVUH have high negative predictive value; and, review of internal data has confirmed the low yield of repeat testing for C. difficile within a 7 day period.
Last CDIFFTOX=negative on 9/12/2013

BestPractice Advisory - Orders,Becca

Important (2 Advisories)

⚠ This test has been performed and reported as positive within the past 14 days. Please do NOT continue placing order for C DIFFICILE DETECTION. Current guidelines recommend against testing for cure; and, recurrent disease cannot be confirmed or excluded based upon repeat testing during this time interval.
Last CDIFFTOX=POSITIVE on 9/13/2013

BestPractice Advisory - Wvuhrxmaster,Colleen

⚠ Testing for Clostridium difficile is not recommended in this patient due to recent laxative use. Most patients infected with this organism experience diarrhea and do not require laxatives.

We are sensitive to pop-up fatigue and limit whenever possible

Duplicate Testing (includes duplicate alerts)

- Providers pressured to improve diabetes care lead to increased duplicate HbA1c testing (up to 10% for inpatients)
- Limit every 3 months (per physiology & Medicare)
- Coordinated effort to decrease to <1% duplicates:
 - Alerts: Appeared more effective when embed previous results
 - Phlebotomy: Combining orders
 - Diabetes care managers

HGA1C (HEMOGLOBIN A1C WITH EST AVG GLUCOSE) Accept Cancel
Routine, ONE TIME First occurrence Today at 1430, System Default

Priority: Routine STAT

Frequency: ONE TIME

Starting: Today Tomorrow At:

First Occurrence: **Today 1430**

Scheduled Times: [Hide Schedule](#)

Class: Phlebotomy Rounds Unit Collect System Default


Reference: 1. [Ruby Lab Manual](#)

Links:

Comments (F6): [Click to add text](#)

Last Resulted: **Order #87983059**
Ordered: 11/6/13 9:16 AM
Resulted: 11/6/13 11:03 AM
Collected: 11/6/13 1:30 AM

	Component	Value	Units	Flag
1.	HEMOGLOBIN A1C	5.0	%	
2.	ESTIMATED AVERAGE GLUCOSE	97	mg/dL	



Test Formulary Can Help Select the Correct Test

Right
test 1st

Preference List Search - Bullock, Sandra

HYDROXYVIT

☒ During visit ☐ After visit ☒ Medications ☒ Procedures ☒ Order Panels ☐ Split

	Code	Name	Pref List
	LAB3041219	VITAMIN D, SERUM (25 HYDROXYVITAMIN D2 AND D3 BY MS)	WWU IP FACILITY PROCEDURE F
	LAB536	VITAMIN D: 1,25 HYDROXYVITAMIN D	WWU IP FACILITY PROCEDURE F

Real-time
Information

Alternative Selection

VITAMIN D: 1,25 HYDROXYVITAMIN D: STAT, starting Today at 1507 Until Specified, Collected, This test is used to evaluate patients with renal failure and hypercalcemia.

VITAMIN D: 1,25 HYDROXYVITAMIN D test is RARELY indicated for select patient populations (i.e., end-stage renal failure, symptomatic calcium imbalance in absence of other abnormality, rare deficiencies of renal 1-alpha hydroxylase or end-organ resistance to 1,25-dihydroxy vitamin D).

For ROUTINE vitamin D testing, select the order below.

Web Links
[No additional information.](#)

Alternative	Details	Cost
VITAMIN D, SERUM (25 HYDROXYVITAMIN D2 AND D3 BY MS)	Routine, ONE TIME, Starting 4/29/15, System Default	

Reduce user
burden

Ordersets & Preference Lists

- We have too many
- Poorly controlled
- Some labs “autochecked”

LABS	
LABS	
<input checked="" type="checkbox"/> CBC/DIFF	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> PT/INR	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> PTT (PARTIAL THROMBOPLASTIN TIME)	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> BUN	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> CREATININE	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> ETHANOL, SERUM	STAT, ONE TIME For 1 Occurrences, Collected
<input checked="" type="checkbox"/> TYPE AND SCREEN	STAT, ONE TIME For 1 Occurrences, Collected, Specimens for type and screen are only good for three days. Please call blood bank at 74239 to see if there is a current specimen in lab, if so, do not draw this lab and discontinue the order. If over three days, please draw specimen. If you need further instructions, refer to the Laboratory Manual.
<input checked="" type="checkbox"/> URINALYSIS	STAT, ONE TIME For 1 Occurrences, Unit Collect, Urine, This test includes ONLY a MACROSCOPIC urinalysis. A microscopic analysis will NOT be performed.
<input checked="" type="checkbox"/> DRUG SCREEN, HIGH OPIATE CUTOFF, WITHOUT CONFIRMATION, URINE	STAT, ONE TIME For 1 Occurrences, Unit Collect, Urine
<input checked="" type="checkbox"/> VENOUS BLOOD GAS/COOX/LYTES/LAC	Routine, ONE TIME, Starting today For 1 Occurrences, Collected Type of Specimen: Venous
<input type="checkbox"/> ARTERIAL BLOOD GAS/COOX/LYTES/LAC	STAT, ONE TIME, Starting today For 1 Occurrences, Collected Type of Specimen: Arterial
SERUM PREGNANCY TEST	
<input checked="" type="checkbox"/> HCG, SERUM QUANTITATIVE, PREGNANCY	STAT, ONE TIME, Starting today For 1 Occurrences, Collected, This is a sensitive quantitative test used to diagnose pregnancy, investigate suspected ectopic pregnancy, and to monitor invitro fertilization patients. For tumor marker testing please order LAB3041228 (HCG, SERUM QUANTITATIVE, TUMOR MARKER)

Test Result Review

Results Review (Last refresh: 5/31/2011 11:30:01 AM) ? Resize

← Back Forward → View Hide Tree Ref Range Load All Flowsheet Graph Time Mark Refresh Legend Options

Search:

☐ Hide data prior to: 9/3/2004 Use Date Range Wizard

	5 5/30/2011 0816	4 5/30/2011 1357	3 5/30/2011 2022	2 5/31/2011 0032	1 5/31/2011 0319
CHEM 1					
SODIUM	140	141		140	
POTASSIUM	3.3 !↓	3.8		4.0	
CHLORIDE	115 !↑	116 !↑		118 !↑	
CARBON DIOXIDE	16 !↓	17 !↓		17 !↓	
BUN	55 !↑	50 !↑		44 !↑	
CREATININE	8.10 !↑	7.45 !↑		6.70 !↑	
GLUCOSE, NONFAST	107 *	116 *		134 *	
ANION GAP	10	9		7	
BUN/CREAT RATIO	7	7		7	
ESTIMATED GLOME...	7 * !↓	7 * !↓		8 * !↓	
CALCIUM	6.7 * !↓	6.7 * !↓		6.7 * !↓	
MAGNESIUM	1.2 !↓	1.2 !↓		1.9	
PHOSPHORUS	2.9 *	2.6 *		3.4 *	
CARDIAC MARKERS					
TROPONIN-I	!! 0.313 *	!! 0.268 *	!! 0.227 *		!! 0.222 *
ANTIBIOTICS					
VANCOMYCIN		7.7 !			

Flags

- | | | |
|------------------|-----------------|------------------|
| !! Critical | ! Abnormal | ▲ High Off-Scale |
| !! Low Critical | !↓ Low | ▼ Other |
| !! High Critical | !↑ High | p preliminary |
| 🔄 In Process | ▼ Low Off-Scale | c changed |

House staff are *critical* in the Post-analytical testing phase

- Results must be retrieved and acted upon
- Critical results (“panic values”) are phoned to you & require *immediate action* (if you are not sure what to do, ask!)
 - “Readback” required by JC
- Unexpected/unexplained results may need confirmation

*Let the lab know if you think
there is a problem with a result!*

Laboratory Resource Utilization

“Testing Wisely”

- Lab testing ~5% cost of healthcare
- Routine labs relatively inexpensive *per test* but costs add up
 - Does every patient need large # **daily labs**?
 - Option to order daily labs (e.g. “daily x 7 days”) has been removed
 - PT/INRs can be ordered daily x7 days
 - Troponin Q4h x2 or x3
- No more CK-MB testing for myocardial injury
- Some tests only needed once (genetic, \$\$\$)
- Some tests are limited to outpatients & specialists

Blood Utilization



- Use of RBCs, platelets, FFP, factors is monitored by the **Blood Utilization Committee**
- Blood components are a **finite** resource (and very expensive)
- Recognize transfusion reactions
 - Transfusion Manual online
- **Hemolytic transfusion reactions are caused by giving the wrong blood to the wrong patient**

Transfusion Medicine

- We use **apheresis platelets**: An adult dose of platelets is “1 dose” (not 2, 3, 6, 10, etc)
- Order **irradiated blood** products appropriately
 - NOT every patient with cancer
- We **won't** accept mislabeled specimens
- We have policies for **emergency blood release**
- We have a **massive transfusion protocol**

LABORATORY SERVICES

Blood Bank/Transfusion
Services

Bone Marrow Processing
Laboratory Manual

Contact Us

Clinician Resources

Lab Employee Resources

Lab Manual

Laboratory Policies

Point of Care Testing

Quality and Performance
Improvement

Research Protocol Support

Staff Directory

Test Catalog



Laboratory Services provides comprehensive laboratory testing for WVU Healthcare patients. The department also serves regional healthcare providers through [University Medical Laboratories](#). A wide variety of routine and specialized tests are performed in the labs – tests that are used to help diagnose disease and guide treatment.

The labs are staffed by professionals trained in laboratory sciences and by pathologists from the [WVU Department of Pathology](#).

Laboratory Concerns



- **Direct to supervisors and/or Medical Directors**
 - We take MD complaints/concerns VERY SERIOUSLY
- **Pathology residents and attendings on call 24/7 for both Anatomic & Clinical Pathology**
- **We are always happy to help with test selection, test interpretation, etc.**

Autopsy Tid Bits

Why do we perform autopsies?

Who gets an autopsy?

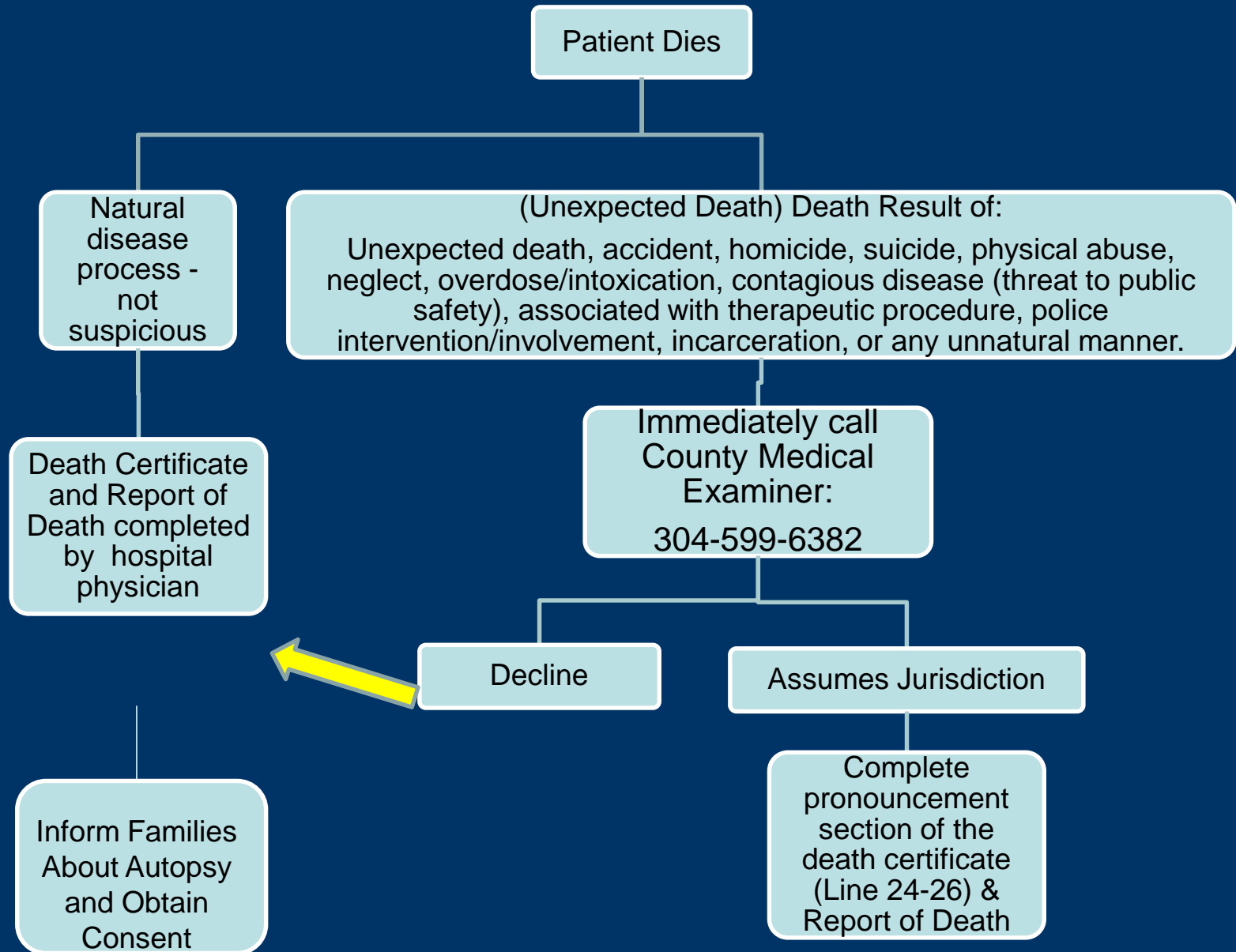
When should an autopsy be performed?

What needs to be completed prior to autopsy?

How to fill out a death certificate?

Importance of Autopsies

- Provides information to families, clinicians, public, etc.
 - Inheritable, preventable, infectious disease
- Establish a cause of death or document clinical suspicions/findings
- Pathology residents *require* 50 autopsies to sit for boards
- Medical student, resident, PA student, and other field education
- Research
- No charge to WVUH hospital patients (yes, FREE)
 - If they have ever been seen here



AUTOPSY CONSENT
NS-034
CNSTS (R12/11)

DATE: ____/____/____

Autopsy Consent for (Name of deceased): _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

I certify that I have the legal right to authorize an autopsy and/or dispose of the body of the decedent as next-of-kin according to West Virginia Statute. The complete autopsy report is part of the permanent medical record and must be obtained from: the WVUH Medical Records Department. My relationship to the deceased is (PLEASE INITIAL ONLY ONE):

____ 1) medical power of attorney representative

____ 2) surviving spouse of the deceased

IF THERE IS NO MEDICAL POWER OF ATTORNEY REPRESENTATIVE (N.B. COMMON LAW MARRIAGES ARE NOT RECOGNIZED BY WEST VIRGINIA AND SPOUSE IS CONSIDERED NEXT OF KIN EVEN AFTER PROTRACTED LEGAL SEPARATION).

____ 3) child of the deceased over the age of 18

IF THERE IS NO MEDICAL POWER OF ATTORNEY REPRESENTATIVE OR SURVIVING SPOUSE, HOWEVER THE CHILD'S PERMISSION SHALL NOT BE VALID IF ANY OTHER CHILD OF THE DECEASED OVER THE AGE OF 18 OBJECTS PRIOR TO SAID AUTOPSY AND OBJECTION SHALL BE MADE KNOWN IN WRITING TO THE PHYSICIAN WHO IS TO PERFORM THE AUTOPSY.

____ 4) parent of the deceased

IF THERE IS NO MEDICAL POWER OF ATTORNEY NOR SURVIVING SPOUSE NOR ADULT CHILD OF THE DECEASED.

____ 5) health care surrogate

IF THERE IS NO MEDICAL POWER OF ATTORNEY NOR SURVIVING SPOUSE NOR ADULT CHILD OF THE DECEASED AND ONE IS APPOINTED.

____ 6) the duly appointed and acting fiduciary of the estate

IF THERE IS NO MEDICAL POWER OF ATTORNEY NOR SURVIVING SPOUSE NOR ADULT CHILD OF THE DECEASED NOR PATENT OF THE DECEASED NOR HEALTH CARE SURROGATE.

____ 7) the person, firm, corporation or agency legally responsible for the financial obligation incurred in disposing the body of the deceased.

IF THERE IS NO MEDICAL POWER OF ATTORNEY NOR SURVIVING SPOUSE NOR ADULT CHILD OF THE DECEASED NOR PARENT OF THE DECEASED NOR HEALTH CARE SURROGATE NOR DULY APPOINTED AND ACTING FIDUCIARY OF THE ESTATE.

IN THE EVENT THAT THE MEDICAL POWER OF ATTORNEY REPRESENTATIVE, THE SPOUSE, CHILD, PARENT OR HEALTH CARE SURROGATE OF THE DECEASED IS MENTALLY INCOMPETENT, THE PERSON AUTHORIZED TO CONSENT TO SUCH AUTOPSY SHALL BE THE NEXT IN THE ORDER OF PRIORITY AS ABOVE DEFINED. BROTHERS AND SISTERS OF THE DECEASED ARE NOT RECOGNIZED SPECIFICALLY IN THE WEST VIRGINIA STATUTE FOR LEGAL AUTHORIZATION OF AN AUTOPSY.

Autopsy Consent for (Name of deceased): _____

In order to verify the cause of death and to aid in the diagnosis and treatment of other persons, I, the undersigned, request and permit the physician (s) authorized by the hospital to perform a (PLEASE INITIAL ONLY ONE):

_____ 1) Complete autopsy
_____ 2) Examination limited to (Please specify) _____
_____ 3) Restrictions (Please specify) _____

I authorize the presence of such other persons as the physician(s) and their discretion, permission to use the autopsy as an education resource. As to any tissue, body part, fluids or organs ("specimens") removed during or incidental to the autopsy, I authorize the physician(s) and/or WVUH to retain. Preserve and/or dispose for such tissues according to hospital policy for diagnosis, teaching, and/or research with the following exceptions: _____, as they may deem proper.

Name

Address

Telephone

Signature: _____ Date/Time: _____
(Signature of person authorizing the autopsy)

WITNESSES

This was signed in my presence (or I have received faxed, telegraphic or verified telephonic or other verbal authorization) after complete disclosure and explanation of this document.

Verified telephone consent to AUTOPSY (check one) _____ YES _____ NO

Signature of person and/or physician
Obtaining consent

Pager #

Signature of Witness

Printed name of person obtaining consent

Printed name of Witness

Date: _____ Time: _____

Instructions: To be valid, this document 1) must be dated, 2) must be signed by the person authorizing autopsy, 3) must be signed by the person and/or physician obtaining permission, AND 4) signed by witness.

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION
PHYSICIAN'S/MEDICAL EXAMINER'S CERTIFICATE OF DEATH
350 CAPITOL STREET, ROOM 165, CHARLESTON, WV 25301**

TYPEPRINT
IN
PERMANENT
BLACK INK

STATE FILE NUMBER

NAME OF DECEDENT
For use by physician or coronator

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX		3. DATE OF DEATH (Month, Day, Year)	
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Year)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)		9a. PLACE OF DEATH (Check only one; see instructions on other side) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INFIRMARY <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OCA <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify)					
9b. FACILITY NAME (if not institution, give street and number)				9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		15. RACE—American Indian, Black, White, etc. (Specify)	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)			
19a. INFORMANT'S NAME (Specify)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		20c. LOCATION—City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				22. NAME AND ADDRESS OF FACILITY			
23a. Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death		23b. To the best of my knowledge, death occurred at the time, date, and place stated.		23c. DATE SIGNED (Month, Day, Year)		23d. DATE SIGNED (Month, Day, Year)	
24. TIME OF DEATH		25. DATE PRONOUNCED DEAD (Month, Day, Year)		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONATOR? (Yes or No)		27. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	
28. IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF):		b. DUE TO (OR AS A CONSEQUENCE OF):		c. DUE TO (OR AS A CONSEQUENCE OF):	
29. Underlying Cause (Disease or injury that initiated events resulting in death) LAST		b. DUE TO (OR AS A CONSEQUENCE OF):		c. DUE TO (OR AS A CONSEQUENCE OF):		d. DUE TO (OR AS A CONSEQUENCE OF):	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				29a. WAS AN AUTOPSY PERFORMED? (Yes or No)		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		30c. INJURY AT WORK? (Yes or No)	
30d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		30e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		30f. DESCRIBE HOW INJURY OCCURRED			
31a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 28. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.) <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.) <input type="checkbox"/> MEDICAL EXAMINER/CORONATOR (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)		31b. SIGNATURE AND TITLE OF CERTIFIER		31c. DATE SIGNED (Month, Day, Year)			
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Specify)		33. REGISTRAR'S SIGNATURE					
34. DATE FILED (Month, Day, Year)		35. DATE FILED (Month, Day, Year)					

Questions???

- *ANY* questions, concerns, issues, regarding autopsy consent forms, family inquiries, death certificates, what should get called into the medical examiner, etc.
- FEEL FREE TO CONTACT THE AUTOPSY SERVICE
 - Morgue: 285-7095 (M-F 7:30a-4:30p)
 - Pathology resident on call (24/7)
 - My office: 293-9789
 - jadeltondo@hsc.wvu.edu

*Please feel free to contact myself or any of
the other pathologists*

We look forward to working with you at WVUH

Thank you and Good Luck!