

State of Connecticut  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
11 SHUTTLE ROAD, FARMINGTON, CONNECTICUT 06032-1939

INSTRUCTIONS -- ME-103 HOSPITAL REPORT OF DEATH

**Reportable Deaths**

Use this form to report all deaths in the following categories:

Resulting from or related to:

- an accident, homicide, or suicide - including, but not limited to, deaths from physical, chemical, thermal, electrical, or radiational injury;
- poisoning, drug abuse, or addiction;
- criminal abortion - whether apparently self-induced or not;
- disease which might constitute a threat to public health;
- disease resulting from employment;
- sudden infant death syndrome

Occurring suddenly and unexpectedly, not caused by readily recognized disease, and including deaths:

- on arrival (DOA) or within 24 hours of admission to hospital, including stillborn infants;
- under anesthesia, in an operating room or recovery room, following transfusions, or during diagnostic procedures.

In Custody:

- any other death, not clearly the result of natural causes, that occurs while the deceased person is in the custody of a peace officer or a law enforcement agency or the Commissioner of Correction.

In **any** instance in which death results from any of the above categories, such a death must be reported to the Office of Chief Medical Examiner *regardless of the length of time between the event and death*. If you are unsure about whether a death is reportable, please call the office.

**This ME-103 report (or all the information requested on it) must be sent by hospital staff whether jurisdiction is accepted or declined by the Medical Examiner's Office.**

**Protocol**

1. Report death by telephone to the Office of the Chief Medical Examiner at **860-679-3980**.
  - Name of person reporting death
  - Name of hospital
  - Name, age, race, sex, and residence of patient
  - Pronounced date & time of death
  - Name of attending physician or of physician last in attendance
  - Circumstances of death
2. Obtain Medical Examiner's case number.
3. **Reporting Physician:** Complete signs and symptoms on admission, course in hospital and operations and procedures sections. Print, sign and date the report.
4. Retain a copy in patient's record.
5. Fax to (860) 679-1903 or email to [medicalrecords@ocme.org](mailto:medicalrecords@ocme.org)

NOTE: If a death comes under the jurisdiction of the Medical Examiner's Office and the family wishes to donate tissue or organs, you must obtain prior approval of the on-call OCME medical examiner. The procurement organizations are familiar with this protocol.