

COVID-19 Deceased Notification Form (version 3.0)

NHS England and NHS Improvement

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| **Organisation** | Imperial College Healthcare NHS Trust |
| **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** |  |

**Once completed this form should be emailed to:** **imperial.medicalexaminer@nhs.net** **– do not send this form directly to NHS England.**