

Place of disaster:

PM No:

Nature of disaster:

Date of disaster:

Day

Month

Year

Male

Female

Other

Unknown

a = Data not available

b = Attachment

c = Further info on page Sup. Info. (700's)

PATHOLOGY			a	b	c			
510	Internal examination Head 01 Brain 02 Neck 03 Skull 04 Other Chest 10 Heart/vessels 11 Lungs 12 Thorax/ribs/sternum 13 Other Abdomen 20 Appendix 21 Intestines 22 Stomach 23 Other Other internal organs 30 Adrenals/pancreas/ Spleen 31 Genitalia 32 Kidneys/ureters/ Bladder 33 Liver/gall bladder Skeleton/soft tissue 40 Left lower limb 41 Left upper limb 42 Pelvis 43 Right lower limb 44 Right upper limb 45 Other bones 46 Soft tissue, other locations Various 50 Demonstrable pathological condition (e.g. heart disease, cancer etc.) 51 Healed fractures 52 Operations In women 60 Births 61 Hysterectomy 62 Intrauterine contra- ceptive devices 63 Pregnancy	No: 1	Specify					
		515	Implants 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants	No: 1	Specify	2	Serial No.	

Registered by	Duty Title	:	Signature / Date
	Name	:	
	Address	:	
	Phone / Email	:	