

Form 5  
Version 2  
QUEENSLAND  
CORONERS ACT 2003  
(Section 22)

NOTICE REQUIRING EXTRA MEDICAL EVIDENCE FOR AUTOPSY

To: \_\_\_\_\_  
*(print name of person/corporation to whom notice is directed)*

- Attending doctor
- Person with medical records of the deceased person
- Person with tissue samples of the deceased person

of \_\_\_\_\_  
*(print address of person/corporation to whom notice directed)*

- I,  State Coroner  
 Deputy State Coroner  
 Coroner

require you to:

- be present at the autopsy referred to below
- give me a written report in relation to your care of the deceased person referred to below by

\_\_\_\_\_  
*(print date report required by)*

- give the doctor conducting the autopsy of the deceased person the deceased person's medical records that are in your possession by:

\_\_\_\_\_  
*(print date records required by)*

- give the doctor conducting the autopsy of the deceased person the deceased person's tissue samples that are in your possession by:

\_\_\_\_\_  
*(print date tissue samples required by)*

- provide the original written report/medical record *(delete whichever does not apply)*

*(Note: under section 22(3) of the Coroners Act 2003 the written report or medical records may be sent by fax or other electronic means, unless the coroner requires the original documents)*

**Autopsy details:**

Name of deceased person: \_\_\_\_\_  
*(print name of deceased person)*

Date of birth of deceased person: \_\_\_\_\_  
*(print date of birth of deceased person)*

Name of doctor who is to conduct the autopsy: \_\_\_\_\_  
*(print name of doctor who is to conduct the autopsy)*

Date of autopsy: \_\_\_\_\_  
*(print date of autopsy)*

Time of autopsy: \_\_\_\_\_  
*(print time of autopsy)*

Place of autopsy: \_\_\_\_\_  
*(print place where autopsy is to be conducted)*

Date of notice: \_\_\_\_\_

Place where notice issued: \_\_\_\_\_

Name of person issuing the notice: \_\_\_\_\_  
*(print name of person issuing the notice)*

Telephone number of person making the order: \_\_\_\_\_  
*(print telephone number)*

Signature of person making the order: \_\_\_\_\_

**Information for person receiving this notice**

1. Section 22(4) of the *Coroners Act 2003* states that you must comply with this notice unless you have a reasonable excuse.
2. The medical records or tissue samples will be returned to you as soon as reasonably practicable after the autopsy unless the coroner orders otherwise.
3. If you have any queries in relation to this notice please contact the Coroner's office on the above telephone number.