


<b>NF01 *</b> <b>Form</b>	Health Information and Quality Authority <b>Unexpected death of a resident</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Designated centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Resident's details		For official use
Resident's unique identifier <sup>†</sup>		<input type="checkbox"/>
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Cause of death		For official use
Is the <b>cause</b> of death known?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you have ticked <b>yes</b> , you must state the cause of death:		<input type="checkbox"/>

\* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

<sup>†</sup> For more information on unique identifiers, please read the Authority's statutory notification guidance

Section 3. Cause of death		For official use
If you have ticked <b>no</b> , please state: 1. <b>Why</b> the cause of death is unknown at this time. 2. <b>When</b> the cause of death is expected to be known.		<input type="checkbox"/>
You <b>must</b> notify the Authority when the cause of death has been established.		

Section 4. Details of death			For official use
<b>Date</b> of death		Date death was <b>discovered</b>	<input type="checkbox"/>
<b>Time</b> of death (as pronounced)		Time death was <b>discovered</b>	<input type="checkbox"/>
Has this death been referred to the <b>coroner</b> ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is a coroner's inquest <b>pending</b> ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Please include any <b>additional information</b> applicable to this notification:			<input type="checkbox"/>

Section 5. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/> Authorised person <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return the completed, signed form by email to [notify@hiqa.ie](mailto:notify@hiqa.ie) or by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400