


NF01 *	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Death of a resident	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cállocht Sláinte</small>
Form		
DCSC		

Section 1. Designated centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Resident's unique identifier [†]	

Section 3. Cause of death	
Is the cause of death known?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked yes , you must state the cause of death:	
If you have ticked no , please state:	
1. Why the cause of death is unknown at this time	

* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at www.hiqa.ie

[†] For more information on unique identifiers, please read HIQA's statutory notification guidance

Section 3. Cause of death

2. **When** the cause of death is expected to be known

You **must** notify HIQA when the cause of death has been established.

Section 4. Details of death

Date of death		Date death was discovered	
Time of death (as pronounced)		Time death was discovered	
Has this death been referred to the coroner ?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a coroner's inquest pending ?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Please include any **additional information** applicable to this notification:

Section 5. Declaration

Name (print)	
Position	Person in charge <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Signed	
Date	
Contact number (during office hours)	

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: notify@hiqa.ie