


NF01 * Form	Health Information and Quality Authority Death of a resident	 Health Information and Quality Authority <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 [†]		<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 cause of death known?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you have ticked yes , 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

[†] 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 no , please state: 1. Why the cause of death is unknown at this time. 2. When the cause of death is expected to be known.		<input type="checkbox"/>
You must notify the Authority when the cause of death has been established.		

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