

AnnexB

General Register Office for Scotland

Crown Office

Confidential form to be completed in all deaths involving drugs, solvents or poisons

This information is essential for the correct coding and monitoring of drug-related deaths.

If you have any queries about the form or its completion, please contact Graham Jackson, telephone 0131 314 4229.

Please complete the form and return it, in the pre-paid addressed envelope provided, to:

Vital Events Branch
General Register Office for Scotland
Ladywell House
Ladywell Road
Edinburgh EH12 7TF

Name of deceased

Date of birth

Date of death

Place of death

Usual residence

Questions (please tick)

- 1 Was alcohol involved in this death? Yes No Not Known
If "Yes" what was the blood/alcohol level in mg/100ml?
- 2 If any other drugs or solvents were involved in this death, please specify the **principal** drug or solvent found in a fatal dose
[If NONE go to Question 9]
- 3 Please specify any other drugs or solvents involved in this death.
- 4 Was the deceased a known or suspected habitual drug or solvent abuser? Yes No Not Known
[If YES go to Question 7]
- 5 Was the deceased a novice or experimenting drug or solvent abuser? Yes No Not Known
[If YES go to Question 7]
- 6 Was there any evidence from the police report or autopsy of a long-standing drug or solvent-abusing history?
Yes No Not Known N/A
- 7 Do you believe this overdose to have been: accidental
suicidal
homicidal
or unknown/uncertain?
- 8 Were the drugs prescribed to the deceased? Yes No Not Known N/A
- 9 Any other comments or information which may help in coding this death?