

Hospital Statement of Intent

to issue a Medical Certificate of Cause of Death for patients registered
with Greater Manchester General Practitioners

**This form must be completed by a Core Trainee Grade or above and should be
discussed with the patient and / or those close to them prior to completion**

Please ensure the original form travels with patient on discharge

Name of patient:	Gerald ZZIPORDMODEL	Date of birth:	4/4/1949
Discharge ward / telephone number:	EMH MASTER PATIENTS	NHS Number:	619-69-6641

Copy sent to out of hours GP service

Copy sent to out of hours District Nursing Service

Copy sent to NWAS

Copy left in labelled sealed envelope in patient held records or with care home staff

Copy scanned and uploaded to patient's HIVE records

Declaration:

I hereby confirm:

- The above-named patient is approaching the end of their life and I am qualified to issue an MCCD.
- I last attended the patient on 16/2/24 , which is within the last 28 days.
- The cause of death does not meet HM Coroner's reporting criteria.
- I have no reason to believe that a post-mortem examination is required.
- There is no evidence to suggest the cause of death was related to, or by, occupational exposure to asbestos or any other industrial disease.
- In the event of death, prior to being attended to by a General Practitioner, I will be available to issue the MCCD for the following 3 working days. (Until 17:00 on 19/2/24).

I anticipate the following advanced and irreversible illness led to the patient's death:

Primary illness	Metastatic non small cell lung carcinoma
Other relevant diagnoses	

Name of Doctor: (CAPITALS)	Gursaran Purewal	GMC Number:	6162501
		Grade:	Consultant
Signature:	Aeneas, Presley-PAL, MD	Date:	22/2/2024
Contact Tel No:	01612766166	Mobile No:	00000000000
Hospital address:	MANCHESTER ROYAL INFIRMARY OXFORD ROAD MANCHESTER		

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