

## Appendix A

### 2018 Census of Medical Examiner and Coroner Offices Verification Call Script

Good [morning/afternoon/evening], my name is [INTERVIEWER NAME] from RTI International. I am calling on behalf of the Department of Justice's Bureau of Justice Statistics regarding the 2018 Census of Medical Examiner and Coroner Offices.

I am calling [NAME OF MEDICAL EXAMINER OR CORONER] to confirm that I have the correct contact information so that we can make sure that the upcoming survey is mailed to the appropriate address.

The purpose of the upcoming survey is to gather information on the structure, operations, and resources of medical examiner and coroner offices across the country. This information will help the Bureau of Justice Statistics develop a national picture of the state of medicolegal death investigation in the United States.

Do you have 5 minutes to answer a few brief questions?

- 1 YES [GO TO 1.1]
- 2 NO [SET FOR CALLBACK]
- 3 NOT AVAILABLE NOW [SET FOR CALLBACK]
- 4 NOT THE ME/C NAMED IN INTRO [GO TO 1.1a]

**1.1** First, I would like to confirm that this phone number is the correct phone number for [NAME OF MEDICAL EXAMINER OR CORONER].

- 1 Yes [GO TO 1.2]
- 2 No [**GO TO 1.1a**]

**1.1a** What is the correct phone number? \_\_\_\_\_

**1.2** Can you confirm that [Chief Medical Examiner or Coroner's office name] is the correct name of this office?

- 1 YES [**GO TO 1.3**]
- 2 NO [**GO TO 1.2a**]

**1.2a** What is the correct name and spelling of the [Medical Examiner or Coroner] office?

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- 1 NOT AN MEC [GO TO GENERIC THANK YOU SCREEN AND TERMINATE CALL]

**1.3** I have the mailing address as [street address, city, state, zip]. Is this information correct?

- 1 YES [**GO TO 1.4**]
- 2 NO [**GO TO 1.3a**]

**1.3a** What is your full street address?

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**1.4** Our records indicate that [TITLE] [FIRST NAME] [LAST NAME] is the Office Head.  
Is this information correct?

- 1 YES [GO TO 1.5]
- 2 NO [GO TO 1.4a]

**1.4a** Who is the Office Head; perhaps this person is the [Chief Medical Examiner or the Coroner]?

Title \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Professional Designation \_\_\_\_\_

**1.5** Would the [Chief Medical Examiner or the Coroner] be the best point of contact for sending a survey about office operations, including administrative, budget, and resource information?

- 1 YES [GO TO 1.6]
- 2 NO [GO TO 1.5a]

**1.5a** Please provide us with the name of the best point of contact for sending a survey.

Title \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Professional Designation \_\_\_\_\_

**1.6** What is the best phone number to contact the [Office Head or Best Point of Contact]?  
PHONE NUMBER \_\_\_\_\_

**1.7** What is the best email address to contact the [Office Head or Best Point of Contact]?  
EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_

**1.8** Does your office conduct any investigations to determine a cause of death?

1 YES

2 NO

**1.9** Does your office sign death certificates?

1 YES

2 NO

**1.10** Does your office determine when autopsies should be done, even if your ME/C office sends the deceased away for autopsies?

1 YES [GO TO END]

2 NO [GO TO END]

**GENERIC THANK YOU.** Thank you so much for your time.

**END.** Those are all of the questions that I have. If your office is eligible, RTI International, the data collection agent for the Bureau of Justice Statistics, will send you the survey using the contact information provided soon. We thank you for your cooperation. If you have any questions in the meantime, please call us toll free at 1-**XXX-XXXX**.

## **Appendix B**

### **2018 Census of Medical Examiner and Coroner Offices Cognitive Testing Recruitment Materials**

- B-1:** Email Invitation to Participate in Cognitive Interviews
- B-2:** Letter Invitation to Participate in Cognitive Interviews
- B-3:** Telephone Script for Recruiting Cognitive Interview Participants
- B-4:** Thank You Letter to Cognitive Interview Participants

## Appendix B-1:

### Email Invitation to Participate in Cognitive Interviews

Subject: Bureau of Justice Statistics Interview Request

Dear [NAME],

The U.S. Department of Justice's Bureau of Justice Statistics (BJS) is preparing to conduct the second Census of Medical Examiner and Coroner Offices (CMEC). This survey was last conducted in 2004 (see [BJS' 2004 CMEC report](#)). We are aware that the work in your office has likely changed over the past 15 years and we are making updates and improvements to the forthcoming CMEC survey. RTI International, BJS's data collection agent for this survey, is working with BJS to modify the questionnaire for gathering data on current services offered by medical examiner and coroner offices (MECs) and the challenges you face.

With input from medical examiners and coroners, we have developed a new questionnaire and are asking for your help to refine the instrument. The perspectives you share will give us the information we need to refine the CMEC instrument in a way that will reduce burden while producing meaningful, relevant, and timely statistics to serve the medicolegal death investigation community. To help us ensure that next year's data collection is successful in gathering information that is helpful both to BJS and MEC offices and jurisdictions, we would like you to complete an interview in which you will go through the revised survey and share your feedback with us.

If you agree to participate, we will schedule a 120-minute telephone interview with you and RTI's staff and mail you the survey via overnight delivery so that you can look over the questions before the interview if you so choose. During the interview, you and the RTI staff member will review the questionnaire to discuss the clarity, meaning, and your understanding of the questions and answer categories.

You will not be asked to complete the survey. We are testing to see if the questions and answer categories make sense, and if it would be possible for your office to answer the questions. We are also asking for you to estimate the time it would take to complete the survey. The feedback you provide will be carefully considered by BJS and used to improve the survey.

I have copied [NAME] from RTI on this email. She will be in touch with you in the next week to answer any of your questions and schedule an interview. We hope you will help us in this effort.

Please feel free to contact me if you have any questions or concerns about this request at [Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov) or 202-514-8633. Thank you for your time and consideration.

Sincerely,

Connor Brooks  
CMEC Program Manager  
Bureau of Justice Statistics

## Appendix B-2:

### Letter Invitation to Participate in Cognitive Interviews

NAME  
ADDRESS  
ADDRESS  
CITY, STATE ZIP

Dear [NAME],

The U.S. Department of Justice's Bureau of Justice Statistics (BJS) is preparing to conduct the second Census of Medical Examiner and Coroner Offices (CMEC). This survey was last conducted in 2004 (see <https://www.bjs.gov/content/pub/pdf/meco04.pdf>). We are aware that the work in your office has likely changed over the past 15 years and we are making updates and improvements to the forthcoming CMEC survey. RTI International, BJS's data collection agent for this survey, is working with BJS to modify the questionnaire for gathering data on current services offered by medical examiner and coroner offices (MEC) and the challenges you face.

With input from medical examiners and coroners, we have developed a new questionnaire and are asking for your help to refine the instrument. The perspectives you share will give us the information we need to refine the CMEC instrument in a way that will reduce burden while producing meaningful, relevant, and timely statistics to serve the medicolegal death investigation community. To help us ensure that next year's data collection is successful in gathering information that is helpful both to BJS and MEC offices and jurisdictions, we would like you to complete an interview in which you will go through the revised survey and share your feedback with us.

If you agree to participate, we will schedule a 120-minute telephone interview with you and RTI's staff. RTI will mail you the survey via overnight delivery so you can review the form before the interview if you so choose. During this interview, you and the RTI staff member will review the questionnaire to discuss the clarity, meaning, and your understanding of the questions and answer categories.

You will not be asked to complete the survey. We are testing to see if the questions and answer categories make sense, and if it would be possible for your office to answer the questions. We are also asking for you to estimate the time it would take to complete the survey. The feedback you provide will be carefully considered by BJS and used to improve the survey.

[NAME] from RTI will be in touch with you in the next week to answer any of your questions about this effort and schedule an interview. We hope you will help us in this effort. Please feel free to contact me if you have any questions or concerns about this request at [Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov) or 202-514-8633).

Thank you for your time and consideration. We look forward to hearing from you.

Sincerely,

Connor Brooks  
CMEC Program Manager  
Bureau of Justice Statistics

## Appendix B-3:

### Telephone Script for Recruiting Cognitive Interview Participants

Hello. May I please speak with [Cognitive Interviewee]?

REPEAT INTRODUCTION AS NECESSARY FOR NUMEROUS GATEKEEPERS.

My name is [Recruiter Name] and I work for RTI International, an independent nonprofit research organization.

I am calling you on behalf of the Bureau of Justice Statistics to ask if you'd be willing to participate in an interview that will inform revisions to the 2018 Census of Medical Examiner and Coroner Offices, also called CMEC. In the past week, a letter/an email was sent to your office from the Bureau of Justice Statistics about this survey.

This survey was last conducted in 2004 and we would like to enlist your help to revise the survey. We have developed a new questionnaire based on input from leaders in the field. We would like you to participate in an interview with the new version of the survey and share your feedback on it. This will help us ensure that the data collection is successful in gathering information that is helpful both to BJS and to your offices and jurisdictions.

If you agree, we will ask you to take part in a two hour interview with me and another colleague. We will schedule an interview with you to walk through the questionnaire—asking you the survey questions and then asking for your feedback on those questions—over the phone. You will not be asked to complete the survey.

The feedback you provide will be carefully considered by BJS and used to improve next year's survey.

Would you be willing to participate?

IF YES: Great! Thank you! Let's go ahead and schedule you now for the interview. [SCHEDULING DISCUSSION BASED ON AVAILABILITY AND TELEPHONE VS IN-PERSON MODE].

IF NO: Thank you so much for your time!

If you have any questions you can contact [ME/INTERVIEWER] at [NUMBER] or [EMAIL], or contact Connor Brooks ([Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov); 202-514-8633) if you have any questions or concerns about this request.

Thank you for your time and consideration.

## Appendix B-4:

### Thank You Letter to Cognitive Interview Participants



DATE

NAME

MEC OFFICE NAME

ADDRESS 1

CITY, STATE ZIP

Dear [NAME]:

On behalf of the Bureau of Justice Statistics (BJS) and RTI International, thank you for participating in the interviews to test the Bureau of Justice Statistics' draft instrument for the Census of Medical Examiner and Coroner Offices (CMEC) on DATE. We know that you are very busy with your important work and are thus honored that you so generously offered your time and expertise to assist us.

The perspectives you shared along with that of the other 17 coroners and medical examiners we interviewed have given us the information we need to refine the CMEC instrument in a way that will reduce burden while producing meaningful, relevant, and timely statistics to serve the medicolegal death investigation community.

For your invaluable insight, time, and expertise, we extend our deepest appreciation.

Should you have any questions about CMEC or have further thoughts to share, please do not hesitate to contact us.

Gratefully yours,

Connor Brooks  
BJS CMEC Program  
Manager  
202-514-8633  
[Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov)

Hope Smiley-McDonald  
CMEC Principal  
Investigator  
919-485-5743  
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Jeri Roper-Miller  
CMEC Co- Principal  
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Sarah Cook  
CMEC Survey  
Methodologist  
919-541-1236  
[scook@rti.org](mailto:scook@rti.org)



## **Appendix C**

### **2018 Census of Medical Examiner and Coroner Offices Cognitive Testing Informed Consent**

- C-1: CMEC Informed Consent Form for Participants**
- C-2: CMEC Informed Consent Form for Interviewers**

**Appendix C-1**

**CMEC Informed Consent Form for Participants**

## **2018 Census of Medical Examiner and Coroner Offices Cognitive Testing Informed Consent**

**What is the purpose of the interview?** The interview is part of a research study that is being conducted by the Bureau of Justice Statistics (BJS). The purpose of the interview is to receive feedback on the 2018 Census of Medical Examiner and Coroner Offices (CMEC).

**What will happen during the testing?** The interview will take approximately 120 minutes. You will be asked to read through the CMEC survey as if you were completing it on your own. During the survey I will stop you and ask you some questions about the survey and whether the questions make sense and are easy to answer. The interview will also involve audio recording your comments for later analysis. The audio recording will only be heard by authorized project staff and your name will never be used. You can choose not to be audio recorded.

**Why was I chosen?** You were chosen because you are either a medical examiner or coroner. Participants represent the types of people who will take part in the 2018 CMEC Survey.

**Are there risks?** There is no expected risk to participating in this study. Any information that is obtained during this discussion will not be shared with anyone outside the CMEC project staff.

**Are there benefits?** There are no expected direct benefits to you for participating in this study.

**What will I get for participating?** By participating you will make an important contribution to the understanding of the nation's medicolegal death investigation system.

**Do I have to participate?** Participation in this interview is entirely voluntary. You can stop the interview at any time. You can also refuse to answer any question on any form.

**Will this be kept private?** Participants' names and other identifying information will not be used in any report or publication. Everything we learn will be kept private by BJS and RTI to the fullest extent of the law. Only project team members from RTI and BJS will be allowed access to this information or observe any of the interviews. You can choose not to be audio recorded or observed.

**Whom do I call if I have questions?** If you have any questions about the study, you can call the project director, Hope Smiley-McDonald. Her number is 919-485-5743. If you have any questions about your rights in taking part in this study, you can call RTI's Office of Research Protection at 1-866-214-2043 (*this is a toll-free call*).

By participating in this interview, you consent to BJS and RTI using your answers to inform the survey. You are also acknowledging receipt of this consent form. If there is any part of this form that is not clear to you, be sure to ask about it before you consent.

**Appendix C-2**

**CMEC Informed Consent form for Interviewers**

**2018 Census of Medical Examiner and Coroner Offices  
Cognitive Testing Informed Consent**

**What is the purpose of the interview?** The interview is part of a research study that is being conducted by the Bureau of Justice Statistics (BJS). The purpose of the interview is to receive feedback on the 2018 Census of Medical Examiner and Coroner Offices (CMEC).

**What will happen during the testing?** The interview will take approximately 120 minutes. You will be asked to read through the CMEC survey as if you were completing it on your own. During the survey I will stop you and ask you some questions about the survey and whether the questions make sense and are easy to answer. The interview will also involve audio recording your comments for later analysis. The audio recording will only be heard by authorized project staff and your name will never be used. You can choose not to be audio recorded.

**Why was I chosen?** You were chosen because you are either a medical examiner or coroner. Participants represent the types of people who will take part in the 2018 CMEC Survey.

**Are there risks?** There is no expected risk to participating in this study. Any information that is obtained during this discussion will not be shared with anyone outside the CMEC project staff.

**Are there benefits?** There are no expected direct benefits to you for participating in this study.

**What will I get for participating?** By participating you will make an important contribution to the understanding of the nation's medicolegal death investigation system.

**Do I have to participate?** Participation in this interview is entirely voluntary. You can stop the interview at any time. You can also refuse to answer any question on any form.

**Will this be kept private?** Participants' names and other identifying information will not be used in any report or publication. Everything we learn will be kept private by BJS and RTI to the fullest extent of the law. Only project team members from RTI and BJS will be allowed access to this information or observe any of the interviews. You can choose not to be audio recorded or observed.

**Whom do I call if I have questions?** If you have any questions about the study, you can call the project director, Hope Smiley-McDonald. Her number is 919-485-5743. If you have any questions about your rights in taking part in this study, you can call RTI's Office of Research Protection at 1-866-214-2043 (*this is a toll-free call*).

By participating in this interview, you consent to BJS and RTI using your answers to inform the survey. You are also acknowledging receipt of this consent form. If there is any part of this form that is not clear to you, be sure to ask about it before you consent.

Do you have any questions?

Do we have permission to continue with the interview?

Yes

No

Do we have your permission to audio record this discussion?

Yes

No

IF OBSERVER: Do you agree to have an observer sit in on this interview?

Yes

No

I certify that the nature, purpose, and privacy policy associated with participating in this research have been explained to the participant and the participant has given their consent to participate in this cognitive interview. Decisions whether or not to record or allow observers were the decisions of the participant.

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*Signature of Interviewer*

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*Date*

**Appendix D**

**2018 Census of Medical Examiner and Coroner Offices  
Instrument**

# 2018 Census of Medical Examiner and Coroner Offices



**SECTION A ADMINISTRATIVE**

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**A1. What is the title of the chief position in your medical examiner or coroner office (e.g., Chief Medical Examiner, Coroner) and who holds that title?**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

**A2. Which of the following best describes your death investigation office?**

- Coroner office
- Medical examiner office
- Justice of the peace →GO TO END OF SURVEY
- My office does not investigate deaths → GO TO END OF SURVEY
- Other medicolegal death investigation office (please specify)  
\_\_\_\_\_

**A3. What level of government best describes your office?**

- City office
- County office
- District/regional office
- State office

**A4. Which of the following best describes the agency your office reports to?**

- Public health agency (e.g., department or division of public health)
- Law enforcement agency (e.g., department or division of public safety)
- Government attorney's office (e.g., district attorney)
- Department or division of forensic science
- My office is a stand-alone agency that is not under the umbrella of another agency
- Other (please specify) \_\_\_\_\_

**A5. What jurisdictions does your office serve (e.g. Illinois State, Los Angeles County, New York City, First Judicial District)?**

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**A6. Is your office accredited by the International Association of Coroners & Medical Examiners (IAC&ME)?**

- Yes
- No
- I expect that my office will be accredited by IAC&ME by December 31, 2019.

**A7. Is your office accredited by the National Association of Medical Examiners (NAME)?**

- Yes
- No
- I expect that my office will be accredited by NAME by December 31, 2019.

**A8. On June 30, 2018, how many full-time employees, part-time employees, consultants or contractors, and unpaid volunteers did your agency have on staff?**

Count each employee only **once**.

Enter zero (0) if you do not have any staff in a category so no entry is left blank.

- Full-time employees are those regularly scheduled for 35 or more hours per week.
- Part-time employees are those regularly scheduled for 34 or less hours per week.

Role	Full-Time Employees on June 30, 2018	Part-time Employees on June 30, 2018	Consultants/ Contractors on June 30, 2018	Unpaid Volunteers on June 30, 2018
a. Autopsy pathologists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Coroners/non-physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Death investigators (or coroner investigators)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Forensic Toxicologists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other scientific investigative support staff (e.g., anthropologists, histologists)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Administrative staff (e.g., secretary, accountant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Ancillary staff (e.g., drivers, photographers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not have any coroners or death investigators, **SKIP** to box above **A10**.

**A9. How many of your coroners or death investigators are certified by the American Board of Medicolegal Death Investigators (ABMDI)?**

- All** death investigators are ABMDI certified
- Some** death investigators are ABMDI certified
- No** death investigators are ABMDI certified

If you do not have any autopsy pathologists, **SKIP** to box above **A11**.

**A10. How many of your autopsy pathologists (i.e., medical examiners) are certified by the American Medical Association (AMA)?**

- All** autopsy pathologists are AMA certified
- Some** autopsy pathologists are AMA certified
- No** autopsy pathologists are AMA certified

If you do not have any forensic toxicologists, **SKIP** to **B1**.

**A11. How many of your forensic toxicologists are certified by the American Board of Forensic Toxicology (ABFT)?**

- All** forensic toxicologists are ABFT certified
- Some** forensic toxicologists are ABFT certified
- No** forensic toxicologists are ABFT certified

**SECTION B BUDGET AND CAPITAL RESOURCES**

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**B1. In the *fiscal year* that included June 30, 2018, what was your total budget?**

\$,,,.00 *If estimate, check here:*

**B2. Does your office have a specific personnel budget for items such as wages, salaries and benefits?**

- Yes
- No

If your office does not have a specific personnel budget, **SKIP** to **B4**.

**B3. How much of the total budget was allocated for personnel costs?**

\$,,.00 *If estimate, check here:*

**B4. In the *fiscal year* that included June 30, 2018, did you or staff spend any of their own money to perform their job, including but not limited to, office supplies, travel costs, certification, and training?**

- Yes
- No

**B5. Does your office receive money from any of the following?**

Revenue Source	Yes	No	Don't Know
a. Consultant fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cremation waiver or permit fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Private autopsy fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Report fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Testimony fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Transportation fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B6. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting a full autopsy?**

\$,.00 *If estimate, check here:*

**B7. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting forensic toxicology testing per case?**

\$,.00 *If estimate, check here:*

**SECTION C      WORKLOAD (DEATH INVESTIGATIONS)**

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**C1. In the *fiscal year* that included June 30, 2018, did your office receive any *referred* cases?**

- Yes
- No

If your office did not receive any **referred** cases, **SKIP** to **C11**.

**C2. In the *fiscal year* that included June 30, 2018, what was the total number of cases referred to your office, including all cases in which your office conducted an investigation or documented referral of the case to your office?**

We did not track **referred** cases

,  Total cases referred *If estimate, check here:*

**C3. “Accepted cases” are cases for which the office completes the death certificate or otherwise determines the cause and manner of death. For the *fiscal year* including June 30, 2018, did you have any accepted cases? Do not include cremation approval cases or cases in which jurisdiction was declined.**

- Yes
- No

If your office did not have any **accepted** cases, **SKIP** to **C5**.

**C4. In the *fiscal year* that included June 30, 2018, what was the total number of cases accepted by your office? Do not include cremation approval cases or cases in which jurisdiction was declined.**

We did not track **accepted** cases

,    Total cases accepted *If estimate, check here:*

**Please Check Your Numbers!** The number of your “accepted cases” in C4 should be **LESS THAN or EQUAL TO** the number of “referred cases” in C2.

**C5. In the *fiscal year* that included June 30, 2018, did your office receive any *referred* cases from tribal lands? The term ‘tribal lands’ includes areas labeled Indian Country, federal or state recognized reservations, trust lands, Alaska Native villages, and tribal communities.**

- Yes
- No

If your office **did not** receive referred cases from tribal lands, **SKIP** to **C11**.

**C6. In the *fiscal year* that included June 30, 2018, how many of the total cases referred to your office were from *tribal land(s)*?**

We did not track **referred** cases from **tribal lands**

,    Referred from tribal lands *If estimate, check here:*

**C7. Did you include cases referred from tribal lands (C6) in the total number of referred cases (C2) you reported?**

- Yes
- No



**C8. In the *fiscal year* that included June 30, 2018, did your office accept any cases from tribal lands?**

- Yes
- No

If your office **did not** accept any cases from tribal lands, **SKIP** to **C11**.

**C9. In the *fiscal year* that included June 30, 2018, how many of the total cases accepted by your office were from *tribal land(s)*?**

We did not track **accepted** cases from **tribal lands** separately

Accepted from tribal lands *If estimate, check here:*

**Please Check Your Numbers!** The number of your “accepted cases” from tribal lands in C9 should be **LESS THAN or EQUAL TO** the number of “referred cases” from tribal lands in C6.

**C10. Did you include cases accepted from tribal lands (C9) in the total number of accepted cases (C4) you reported?**

- Yes
- No

**C11. In the *fiscal year* that included June 30, 2018, how many full autopsies did your office conduct?**

Full autopsies *If estimate, check here:*

**C12. Some functions of a medical examiner or coroner’s office are done within one’s own office (*internally*). Other functions may be done by using an outside organization or independent facility, such as a health department or commercial laboratory (*externally*).**

**Below, please indicate if *most of the time* your office provides these functions internally, externally, if the function or service is not available to your office, or if the function or service is not necessary for your office. Please mark one response for each row.**

<b>Function</b>	<b>My Office Provides this Function Internally</b>	<b>My Office Provides this Function Externally</b>	<b>Function or Service Is Not Available</b>	<b>Function or Service is Not Necessary</b>
a. Death scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medical record review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. External examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Partial autopsy (Minimal dissection, less than a complete autopsy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Complete autopsy (Remove and examine the brain, thoracic, and abdominal organs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Characterization of skeletal remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Autopsy photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Forensic toxicology testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Radiology (X-rays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Metabolic screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Ancillary scientific investigative functions (e.g., microbiology, anthropology, histology, neuropathology, cardiac pathology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cremation waivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Certified death certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C13. For those functions that are conducted *internally* at your office, who are the people that perform those duties? Please mark all that apply.**

<b>Duty</b>	<b>Autopsy Pathologists</b>	<b>Coroner/Non-Physician</b>	<b>Death Investigators</b>	<b>Other Internal Staff</b>	<b>Not Performed by My Office</b>
a. Death scene investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determination of which cases are accepted/ declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. External examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Determination of which cases are autopsied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Determination of which cases receive forensic toxicology testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C14. In your office, who is responsible for notifying the next of kin? Check all that apply.**

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) \_\_\_\_\_

**C15. In your office, who is responsible for follow-up communication with the next of kin, such as cultural preferences, returning belongings, and other policies and procedures? Check all that apply.**

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) \_\_\_\_\_

**SECTION D SPECIALIZED DEATH INVESTIGATIONS**

---

**D1. Does your office have a written policy for final disposition (e.g., burial, cremation, long-term storage) of unidentified remains after a specified period?**

- Yes
- No
- Don't know

**D2. In the *fiscal year* that included June 30, 2018, did your office have any unidentified remains on record?**

- Yes
- No

If your office did not have any unidentified remains on record, **SKIP** to **D6**.

**D3. In your office, how many total cases of *unidentified remains* ...**

**a. Were on record as of June 30, 2018?**

,    Unidentified remains on record *If estimate, check here:*

Don't know

**b. Were on record as of June 30, 2018 and have had DNA evidence collected from them?**

,    Have had DNA evidence collected *If estimate, check here:*

Don't know

**Please Check Your Numbers!** Make sure the number of unidentified remains that have had DNA evidence collected in D3b is **LESS THAN or EQUAL TO** those presently on record in D3a.

**D4. What is the year of your oldest case of unidentified remains *currently* on record?**

*If estimate, check here:*

Don't know

**D5. In the *fiscal year* that included June 30, 2018, how many unidentified remains were classified as unidentified in their final disposition?**

,    Unidentified in final disposition *If estimate, check here:*

Don't know

**D6. Does your office use the Sudden Infant Death Syndrome, or SIDS, diagnosis?**

Yes

No

**D7. Does your office use the Sudden Unexplained Infant Death, or SUID, diagnosis?**

Yes

No

**D8. Are the following procedures standard parts of your office's death investigations for sudden, unexpected infant deaths?**

Procedure	Yes	No	Don't Know
a. Scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Scene re-enactment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Comprehensive forensic toxicology (e.g., multiple toxin screens)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Complete autopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child or infant death review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D9. Has the increase in novel psychoactive substances and the opioid epidemic changed your strategy for forensic toxicology testing?**

- Yes
- No

**D10. Does your office perform presumptive toxicology testing, either on scene or at autopsy, before sending specimens to a toxicology laboratory?**

- Yes
- No

## SECTION E RECORDS AND EVIDENCE RETENTION

---

**E1. Does your office have a computerized system used to manage, compile, or track cases or evidence?** *Such a system is also known as a computerized information management system or CMS. This **does not** include the use of Excel or other spreadsheet software to manage case information.*

- Yes
- No

If you **do not** have a computerized system, or CMS, **SKIP** to **E3**.

**E2. Is your computerized information management system or CMS networked so that information on all cases is available to all authorized users?**

- Yes
- No

**E3. Does your office have a written retention schedule for the following sources?**

Source	Yes	No	Don't Know
a. Case records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Forensic toxicology specimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unidentified remains (including x-rays, fingerprints, DNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E4. Are case records maintained for storage as hard copies, electronically, or both?**

- Hard copies
- Electronically
- Both

**E5. Does your office archive hard copies of your official investigative records and reports?**

- Yes
- No

If your office **does not** archive hard copies, **SKIP** to **F1**.

**E6. Are hard copies of your official investigative records and reports archived at any of the following places? Please mark one response for each row.**

Location	Yes	No
a. On site	<input type="radio"/>	<input type="radio"/>
b. A government-owned or government-paid storage facility	<input type="radio"/>	<input type="radio"/>
c. Some other location	<input type="radio"/>	<input type="radio"/>

If your office **does not** archive hard copies at **some other location** (you answered 'No' to **E6C**), **SKIP** to **F1**.

**E7. At what other location do you archive hard copies of your official investigative records and reports?**

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## SECTION F RESOURCES AND OPERATIONS

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**F1. Does your office have access to the Internet separate from a personal device?**

- Yes
- No

**F2. Does your office have access to the following resources?**

Resource	Yes	No
a. Criminal history databases	<input type="radio"/>	<input type="radio"/>
b. Fingerprint databases	<input type="radio"/>	<input type="radio"/>
c. Prescription drug monitoring programs	<input type="radio"/>	<input type="radio"/>

**F3. Does your office currently have access to the following trainings or resources, either externally or internally?**

Training or Resource	Yes	No
a. Mass Fatality Investigation	<input type="radio"/>	<input type="radio"/>
b. Disaster planning (e.g., National Incident Management System [NIMS])	<input type="radio"/>	<input type="radio"/>
c. Bloodborne pathogens	<input type="radio"/>	<input type="radio"/>
d. Proper lifting procedures	<input type="radio"/>	<input type="radio"/>
e. Stress management	<input type="radio"/>	<input type="radio"/>

**F4. Does your office participate in county/statewide emergency response drills?**

- Yes
- No

**F5. Does your office have access to the following investigative technologies, either internally or externally?**

<b>Technology</b>	<b>Yes</b>	<b>No</b>
a. Computerized axial tomography (CAT) scan	<input type="radio"/>	<input type="radio"/>
b. Magnetic resonance imaging (MRI)	<input type="radio"/>	<input type="radio"/>
c. Non-targeted forensic toxicology analysis	<input type="radio"/>	<input type="radio"/>

**F6. What other investigative technologies not listed here does your office have access to?**

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**F7. Does your office have access to the following specialized investigative teams, either externally or internally?**

<b>Specialty Area</b>	<b>Yes</b>	<b>No</b>
a. Child fatality	<input type="radio"/>	<input type="radio"/>
b. Drug case review/surveillance	<input type="radio"/>	<input type="radio"/>
c. Vulnerable adult fatality review	<input type="radio"/>	<input type="radio"/>

**F8. To what extent are the following resources needed to improve your *ability to complete cases*?**

<b>Resources</b>	Not at all	To some extent	To a moderate extent	To a great extent
a. Death investigation staff (e.g., medical examiners, coroners, death investigators, anthropologists, histologists, forensic toxicologists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Administrative and ancillary staff (e.g., technicians, autopsy technicians, photographers, administrative assistants, accountants, drivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Laboratory/facility space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Administrative and evidence storage facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Office equipment (e.g., computers, software)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Analytical instrumentation and laboratory supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Access to literature resources (e.g., books, journals, electronic mailing lists, databases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F9. Does your office currently participate in any of these data collection efforts?**

<b>Data Collection</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
a. Combined DNA Index System (CODIS) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fatality Analysis Reporting System (FARS) <i>Sponsor: National Highway Traffic Safety Administration (NHTSA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. National Crime Information Center (NCIC) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. National Forensic Laboratory Information System (NFLIS) <i>Sponsor: Drug Enforcement Agency (DEA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. National Missing and Unidentified Persons System (NamUs) <i>Sponsor: Department of Justice (DOJ)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. National Violent Death Reporting System (NVDRS) <i>Sponsor: Centers for Disease Control and Prevention (CDC)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. State or local data collections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F10. Does your office have access to the following support services, either externally or internally?**

<b>Support Service</b>	<b>Yes</b>	<b>No</b>
a. Advocates for families of victims	<input type="radio"/>	<input type="radio"/>
b. Grief and bereavement services for survivors (e.g. counseling or therapy, homicide survivor groups)	<input type="radio"/>	<input type="radio"/>
c. On-scene support or advocacy for bystanders or other family and friends of the deceased	<input type="radio"/>	<input type="radio"/>
d. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>

**F11. Is your office located within another business, such as a funeral home?**

- Yes
- No

**F12. Does your office have a Department Originating Agency Identifier Number or, ORI number?**

- Yes
- No
- Don't know

If you do not have a Department Originating Agency Identifier Number (ORI), **SKIP to END.**

**F13. What is your Department Originating Agency Identifier Number or ORI number?**

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**END. Thank you for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). Your feedback is very important to us!**

**Appendix E**

**2018 Census of Medical Examiner and Coroner Offices  
Cognitive Interview Protocol**

# Cognitive Interview Protocol

Participant# \_\_\_\_\_

Date of Interview \_\_\_\_\_

READ (OR PARAPHRASE) THE FOLLOWING TO THE SUBJECT AFTER THE INFORMED CONSENT IS SIGNED:

On behalf of the Bureau of Justice Statistics and the project team at RTI, thank you for participating in the testing of the 2018 Census of Medical Examiners and Coroners. We're talking today because we want to see how well people understand these questions and how they might answer them. BJS's goals for the 2018 survey are listed on the reference card you received with the survey.

During this process, you and I will go through the survey items together while you answer the questions you can without doing additional research. For those questions for which you would need to do additional research, please tell me whether you would be able to answer the question and, if so, how long it would take to get the answer. In the same spirit, you do not need to provide exact numbers; you can just estimate. However, please **let me know if you would not be able to provide exact numbers** when we are actually collecting these data next year.

After some questions, I may stop you and ask how you came up with your answer, or what specifically you were thinking about. These questions will help me understand your thought process when answering the questions. **In order for me to know where you are in the survey, I ask that you read aloud anything you read on the paper whether it's instructions, questions or response options.**

There are no right or wrong answers to the questions I ask. Our goal is to make sure that the questions make sense and that people like yourself can answer them and follow the questionnaire instructions easily. You can help us by pointing out anything you find confusing or unclear. If something doesn't make sense, please tell me that and why that phrase or item is unclear. Or, if you're not sure about your response, please tell me that too.

Do you have any questions? [ANSWER ANY QUESTIONS]

Ok, let's begin.

First, I have a few general questions about you.

*Probe1. What is your job title?*

*Probe2. How long have you been in this position?*

*Probe3. (If needed) How long have you been at your agency?*

**SECTION A ADMINISTRATIVE**

---

**A1. What is the title of the chief position in your medical examiner or coroner office (e.g., Chief Medical Examiner, Coroner) and who holds that title?**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

**A2. Which of the following best describes your death investigation office?**

- Coroner office
- Medical examiner office
- Justice of the peace →GO TO END OF SURVEY
- My office does not investigate deaths → GO TO END OF SURVEY
- Other medicolegal death investigation office (please specify)  
\_\_\_\_\_

*Probe1. Is anything missing from the list of responses?*

*Probe2. Do you believe that justices of the peace should be included in the scope of this survey given BJS's goals for this effort?*

**A3. What level of government best describes your office?**

- City office
- County office
- District/regional office
- State office

**A4. Which of the following best describes the agency your office reports to?**

- Public health agency (e.g., department or division of public health)
- Law enforcement agency (e.g., department or division of public safety)
- Government attorney's office (e.g., district attorney)
- Department or division of forensic science
- My office is a stand-alone agency that is not under the umbrella of another agency
- Other (please specify) \_\_\_\_\_

*Probe1. What does a "department or division of forensic science" mean to you?*



*Probe2. Is anything missing from the list of response options?*

**A5. What jurisdictions does your office serve** (e.g. Illinois State, Los Angeles County, New York City, First Judicial District)?

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**A6. Is your office accredited by the International Association of Coroners & Medical Examiners (IAC&ME)?**

- Yes
- No
- I expect that my office will be accredited by IAC&ME by December 31, 2019.

**A7. Is your office accredited by the National Association of Medical Examiners (NAME)?**

- Yes
- No
- I expect that my office will be accredited by NAME by December 31, 2019.

**A8. On June 30, 2018, how many full-time employees, part-time employees, consultants or contractors, and unpaid volunteers did your agency have on staff?**

Count each employee only **once**.

Enter zero (0) if you do not have any staff in a category so no entry is left blank.

- Full-time employees are those regularly scheduled for 35 or more hours per week.
- Part-time employees are those regularly scheduled for 34 or less hours per week.

Role	Full-Time Employees on June 30, 2018	Part-time Employees on June 30, 2018	Consultants/ Contractors on June 30, 2018	Unpaid Volunteers on June 30, 2018
a. Autopsy pathologists	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. Coroners/non-physicians	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Death investigators (or coroner investigators)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Forensic Toxicologists	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e. Other scientific investigative support staff (e.g., anthropologists, histologists)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
f. Administrative staff (e.g., secretary, accountant)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
g. Ancillary staff (e.g., drivers, photographers)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

*Probe1. What would be involved in obtaining these numbers for your office?*

*Probe2. How long do you think it would take to get these numbers?*

*Probe3. Are there any roles for which you would have trouble providing staff numbers?*

*Probe4. Are there any scenarios here where you would not know where to put an employee (i.e., fits in multiple categories, missing category)?*

If you do not have any coroners or death investigators, **SKIP** to box above **A10**.

**A9. How many of your coroners or death investigators are certified by the American Board of Medicolegal Death Investigators (ABMDI)?**

- All** death investigators are ABMDI certified
- Some** death investigators are ABMDI certified
- No** death investigators are ABMDI certified

*Probe1. What does the response option “No death investigators” mean to you?*

If you do not have any autopsy pathologists, **SKIP** to box above **A11**.

**A10. How many of your autopsy pathologists (i.e., medical examiners) are certified by the American Medical Association (AMA)?**

- All** autopsy pathologists are AMA certified
- Some** autopsy pathologists are AMA certified
- No** autopsy pathologists are AMA certified

If you do not have any forensic toxicologists, **SKIP** to **B1**.

**A11. How many of your forensic toxicologists are certified by the American Board of Forensic Toxicology (ABFT)?**

- All** forensic toxicologists are ABFT certified
- Some** forensic toxicologists are ABFT certified
- No** forensic toxicologists are ABFT certified

**SECTION B BUDGET AND CAPITAL RESOURCES**

---

**B1. In the *fiscal year* that included June 30, 2018, what was your total budget?**

\$,,,.00 *If estimate, check here:*

*Probe1. What time frame are you thinking about when answering this question?*

*Probe2. When does your fiscal year begin and end?*

*Probe3. How easy or difficult will it be for you to come up with this number?*

**B2. Does your office have a specific personnel budget for items such as wages, salaries and benefits?**

- Yes
- No

*Probe1. What do you consider a “personnel budget”?*

If your office does not have a specific personnel budget, **SKIP** to **B4**.

**B3. How much of the total budget was allocated for personnel costs?**

\$,,.00 *If estimate, check here:*

*Probe1. How easy or difficult will it be for you to come up with this number?*

**B4. In the *fiscal year* that included June 30, 2018, did you or staff spend any of their own money to perform their job, including but not limited to, office supplies, travel costs, certification, and training?**

- Yes
- No

*Probe1. What do you think this question is asking?*

*Probe2. Can you give me an example of a situation that should be counted in this question?*

*Probe3. Is this question important?*

*Probe4. Is there a better way of asking this question?*

**B5. Does your office receive money from any of the following?**

<b>Revenue Source</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Consultant fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cremation waiver or permit fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Private autopsy fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Report fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Testimony fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Transportation fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Probe1. What do you think we mean by “receive money”?*

*Probe2. What do “cremation waiver or permit fees” mean to you? Is there a better way of describing this type of fee?*

*Probe3. Can you think of anything missing from this list?*

**B6. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting a full autopsy?**

\$,.00 *If estimate, check here:*

*Probe1. How would you come up with your answer to this question?*

**B7. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting forensic toxicology testing per case?**

\$,.00 *If estimate, check here:*

*Probe1. How would you come up with your answer to this question?*

**SECTION C WORKLOAD (DEATH INVESTIGATIONS)**

---

**C1. In the *fiscal year* that included June 30, 2018, did your office receive any *referred cases*?**

- Yes
- No

*Probe1. What do you consider to be a “referred case”?*

If your office did not receive any **referred** cases, **SKIP** to **C11**.

**C2. In the *fiscal year* that included June 30, 2018, what was the total number of cases referred to your office, including all cases in which your office conducted an investigation or documented referral of the case to your office?**

We did not track **referred** cases

,    Total cases referred *If estimate, check here:*

*Probe1. Would you be able to access this number easily?*

*Probe2. IF NEEDED, What would you have to do to come up with this number?*

*Probe3. What do you think of the checkboxes provided here? How would you use them?*

**C3. “Accepted cases” are cases for which the office completes the death certificate or otherwise determines the cause and manner of death. For the *fiscal year* including June 30, 2018, did you have any accepted cases? Do not include cremation approval cases or cases in which jurisdiction was declined.**

- Yes
- No



*Probe1. Would you be able to access this number easily?*

*Probe2. What did you think of the definition of “accepted cases” that we provided?*

If your office did not have any **accepted** cases, **SKIP** to **C5**.

**C4. In the *fiscal year* that included June 30, 2018, what was the total number of cases accepted by your office? Do not include cremation approval cases or cases in which jurisdiction was declined.**

We did not track **accepted** cases

,    Total cases accepted *If estimate, check here:*

**Please Check Your Numbers!** The number of your “accepted cases” in C4 should be **LESS THAN** or **EQUAL TO** the number of “referred cases” in C2.

*Probe1. How would you come up with the total number of accepted cases?*

*Probe2. What are your thoughts on the “Check Your Numbers!” box?*

*Probe3. IF NEEDED, Did you read the information on what cases not to include?*

**C5. In the *fiscal year* that included June 30, 2018, did your office receive any *referred cases from tribal lands*? The term ‘tribal lands’ includes areas labeled Indian Country, federal or state recognized reservations, trust lands, Alaska Native villages, and tribal communities.**

- Yes
- No

*Probe1. Do you have any tribal lands in the jurisdiction you serve?*

*Probe2. IF NO, Do you think we should have a way for you to indicate that your jurisdiction does not serve tribal lands?*

*Probe3. IF NEEDED, Did you read the description of what should be considered “tribal lands”?*

If your office **did not** receive referred cases from tribal lands, **SKIP** to **C11**.

**C6. In the *fiscal year* that included June 30, 2018, how many of the total cases referred to your office were from *tribal land(s)*?**

We did not track **referred** cases from **tribal lands**

,     Referred from tribal lands *If estimate, check here:*

**C7. Did you include cases referred from tribal lands (C6) in the total number of referred cases (C2) you reported?**

- Yes
- No

*Probe1. In your own words, what do you think this question is asking?*

**C8. In the *fiscal year* that included June 30, 2018, did your office accept any cases from tribal lands?**

- Yes
- No

*Probe1. Do you think we need to provide the definition of “tribal lands” again on this question?*

If your office **did not** accept any cases from tribal lands, **SKIP** to **C11**.

**C9. In the *fiscal year* that included June 30, 2018, how many of the total cases accepted by your office were from *tribal land(s)*?**

We did not track **accepted** cases from **tribal lands** separately

,    Accepted from tribal lands *If estimate, check here:*

**Please Check Your Numbers!** The number of your “accepted cases” from tribal lands in C9 should be **LESS THAN or EQUAL TO** the number of “referred cases” from tribal lands in C6.

**C10. Did you include cases accepted from tribal lands (C9) in the total number of accepted cases (C4) you reported?**

- Yes
- No

*Probe1. In your own words, what do you think this question is asking?*

**C11. In the *fiscal year* that included June 30, 2018, how many full autopsies did your office conduct?**

,    Full autopsies *If estimate, check here:*

*Probe1. What do you think we mean by “full autopsies”?*

*Probe2. Is it possible for a jurisdiction to have zero referred cases but still have autopsies to report? What about accepted cases?*

*Probe3. How does your office track the number of autopsies completed?*

**C12. Some functions of a medical examiner or coroner’s office are done within one’s own office (*internally*). Other functions may be done by using an outside organization or independent facility, such as a health department or commercial laboratory (*externally*).**

**Below, please indicate if *most of the time* your office provides these functions internally, externally, if the function or service is not available to your office, or if the function or service is not necessary for your office. Please mark one response for each row.**

<b>Function</b>	<b>My Office Provides this Function Internally</b>	<b>My Office Provides this Function Externally</b>	<b>Function or Service Is Not Available</b>	<b>Function or Service is Not Necessary</b>
a. Death scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medical record review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. External examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Partial autopsy (Minimal dissection, less than a complete autopsy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Complete autopsy (Remove and examine the brain, thoracic, and abdominal organs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Characterization of skeletal remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Autopsy photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Forensic toxicology testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Radiology (X-rays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Metabolic screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

k. Ancillary scientific investigative functions (e.g., microbiology, anthropology, histology, neuropathology, cardiac pathology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cremation waivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Certified death certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Probe1. How easy or difficult was it to complete this table?**

**Probe2. IF NEEDED, How did you decide whether a function was “not necessary”? GO BACK THROUGH TABLE IF NEEDED.**

**Probe3. IF NEEDED, How did you decide what functions were provided internally vs. externally? GO BACK THROUGH TABLE IF NEEDED.**

**Probe4. Were there any function descriptions in the first column that you were not sure what they meant, or that you would change?**

**Probe5. Are there any functions you think are missing?**

**C13. For those functions that are conducted *internally* at your office, who are the people that perform those duties? Please mark all that apply.**

<b>Duty</b>	<b>Autopsy Pathologists</b>	<b>Coroner/Non-Physician</b>	<b>Death Investigators</b>	<b>Other Internal Staff</b>	<b>Not Performed by My Office</b>
a. Death scene investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determination of which cases are accepted/ declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. External examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Determination of which cases are autopsied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Determination of which cases receive forensic toxicology testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Probe1. How easy or difficult was it to understand how to complete this table?*

*Probe2. Where there any items here you weren't sure how to answer?*

*Probe3. How would you answer if you outsourced any of these duties?*

*Probe4. IF ANSWERED OTHER: What other internal staff were you thinking of?*

*Probe5. IF ONLY MARKED ONE ANSWER EACH, Was it clear that you could pick more than one answer per row?*

**C14. In your office, who is responsible for notifying the next of kin? Check all that apply.**

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) \_\_\_\_\_

**C15. In your office, who is responsible for follow-up communication with the next of kin, such as cultural preferences, returning belongings, and other policies and procedures? Check all that apply.**

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) \_\_\_\_\_

*Probe1. Did you notice that you could check more than one option?*

*Probe2. Was there anything confusing about these questions?*

*Probe3. Is anything missing from the list of responses?*

## SECTION D SPECIALIZED DEATH INVESTIGATIONS

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**D1. Does your office have a written policy for final disposition (e.g., burial, cremation, long-term storage) of unidentified remains after a specified period?**

- Yes
- No
- Don't know

*Probe1. What do you think we mean by a "written policy"?*

*Probe2. Is the phrase "final disposition" familiar to you?*

*Probe3. What do you think of the examples listed?*

**D2. In the *fiscal year* that included June 30, 2018, did your office have any unidentified remains on record?**

- Yes
- No

*Probe1. What does having "unidentified remains on record" mean to you? Can you give an example?*

*Probe2. Does your office use the term "unidentified remains" or do you call them something else?*

If your office did not have any unidentified remains on record, **SKIP** to **D6**.

**D3. In your office, how many total cases of *unidentified remains* ...**

**a. Were on record as of June 30, 2018?**

,    Unidentified remains on record *If estimate, check here:*

Don't know



**b. Were on record as of June 30, 2018 and have had DNA evidence collected from them?**

, Have had DNA evidence collected *If estimate, check here:*

Don't know

*Probe1. How easy or difficult is it for you to come up with these numbers?*

**Please Check Your Numbers!** Make sure the number of unidentified remains that have had DNA evidence collected in D3b is **LESS THAN or EQUAL TO** those presently on record in D3a.

**D4. What is the year of your oldest case of unidentified remains *currently* on record?**

*If estimate, check here:*

Don't know

*Probe1. Describe how you would determine what the "oldest case of unidentified remains currently on record" was.*

*Probe2. What year do you think we are asking for when we ask for the year of your oldest case of unidentified human remains? (e.g., year they were found, expected year of death, etc.)?*

**D5. In the *fiscal* year that included June 30, 2018, how many unidentified remains were classified as unidentified in their final disposition?**

, Unidentified in final disposition *If estimate, check here:*

Don't know

*Probe1. What does "unidentified in their final disposition" mean to you?*

**D6. Does your office use the Sudden Infant Death Syndrome, or SIDS, diagnosis?**

- Yes
- No

**D7. Does your office use the Sudden Unexplained Infant Death, or SUID, diagnosis?**

- Yes
- No

*Probe1. On these last two questions, would it effect either answer if we asked if the “certifying pathologist” used these diagnosis, as opposed to “your office”?*

**D8. Are the following procedures standard parts of your office’s death investigations for sudden, unexpected infant deaths?**

<b>Procedure</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Scene re-enactment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Comprehensive forensic toxicology (e.g., multiple toxin screens)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Complete autopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child or infant death review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Probe1. Are you unfamiliar with any procedures listed here?*

*Probe2. Is anything missing from the list of responses?*

**D9. Has the increase in novel psychoactive substances and the opioid epidemic changed your strategy for forensic toxicology testing?**

- Yes
- No

*Probe1. What drugs come to mind when you see the phrase “novel psychoactive substances”?*

*Probe2. Do you think your strategy for toxicology testing will change any time soon?*

*Probe3. IF YES, What changes have been made to your strategy for forensic toxicology testing?*

**D10. Does your office perform presumptive toxicology testing, either on scene or at autopsy, before sending specimens to a toxicology laboratory?**

- Yes
- No

*Probe1. What does the phrase “presumptive toxicology testing” mean to you?*

## SECTION E RECORDS AND EVIDENCE RETENTION

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**E1. Does your office have a computerized system used to manage, compile, or track cases or evidence?** *Such a system is also known as a computerized information management system or CMS. This **does not** include the use of Excel or other spreadsheet software to manage case information.*

- Yes
- No

*Probe1. How does your office keep track of cases and/or evidence?*

*Probe2. What time frame are you thinking about when answering this question? Currently? The fiscal year including June 30, 2018?*

If you **do not** have a computerized system, or CMS, **SKIP** to **E3**.

**E2. Is your computerized information management system or CMS networked so that information on all cases is available to all authorized users?**

- Yes
- No

*Probe1. What do you think we are asking about in this question?*

**E3. Does your office have a written retention schedule for the following sources?**

Source	Yes	No	Don't Know
a. Case records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Forensic toxicology specimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unidentified remains (including x-rays, fingerprints, DNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Probe1. In your own words, what is a written retention schedule?*

*Probe2. Does it make sense to use the word “source” to describe the items in the table? Any suggestions for other terminology?*

**E4. Are case records maintained for storage as hard copies, electronically, or both?**

- Hard copies
- Electronically
- Both

*Probe1. When answering this question, were you thinking of only new cases or all cases?*

**E5. Does your office archive hard copies of your official investigative records and reports?**

- Yes
- No

*Probe1. IF YES, Does your office archive hard copies of both investigative records and reports?*

*Probe2. IF NO, Does your office archive hard copies of neither investigative records nor reports?*

If your office <b>does not</b> archive hard copies, <b>SKIP</b> to <b>F1</b> .
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**E6. Are hard copies of your official investigative records and reports archived at any of the following places? Please mark one response for each row.**

<b>Location</b>	<b>Yes</b>	<b>No</b>
a. On site	<input type="radio"/>	<input type="radio"/>
b. A government-owned or government-paid storage facility	<input type="radio"/>	<input type="radio"/>
c. Some other location	<input type="radio"/>	<input type="radio"/>

*Probe1. How do you know where hard copies of archived records and reports are stored?*

*Probe2. Have you seen or heard of hard copy archives being stored at personal or non-official locations, such as at someone's house?*

*Probe3. IF NOT SOME OTHER LOCATION, What other locations can you think of where hard copies may be stored?*

If your office **does not** archive hard copies at **some other location** (you answered 'No' to **E6C**), **SKIP** to **F1**.

**E7. At what other location do you archive hard copies of your official investigative records and reports?**

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## SECTION F RESOURCES AND OPERATIONS

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**F1. Does your office have access to the Internet separate from a personal device?**

- Yes
- No

*Probe1. What do you think we are asking for in this question?*

*Probe2. Do you think this question is important to ask?*

**F2. Does your office have access to the following resources?**

Resource	Yes	No
a. Criminal history databases	<input type="radio"/>	<input type="radio"/>
b. Fingerprint databases	<input type="radio"/>	<input type="radio"/>
c. Prescription drug monitoring programs	<input type="radio"/>	<input type="radio"/>

*Probe1. What does “access” to these resources mean to you?*

**F3. Does your office currently have access to the following trainings or resources, either externally or internally?**

Training or Resource	Yes	No
a. Mass Fatality Investigation	<input type="radio"/>	<input type="radio"/>
b. Disaster planning (e.g., National Incident Management System [NIMS])	<input type="radio"/>	<input type="radio"/>
c. Bloodborne pathogens	<input type="radio"/>	<input type="radio"/>
d. Proper lifting procedures	<input type="radio"/>	<input type="radio"/>
e. Stress management	<input type="radio"/>	<input type="radio"/>

*Probe1. Is anything missing from the list of responses?*

*Probe2. What does access to trainings mean to you?*

**F4. Does your office participate in county/statewide emergency response drills?**

- Yes
- No

*Probe1. Would it be better to ask offices if they have ever participated in emergency response drills?*

*Probe2. Do you view this question as important?*

**F5. Does your office have access to the following investigative technologies, either internally or externally?**

<b>Technology</b>	<b>Yes</b>	<b>No</b>
a. Computerized axial tomography (CAT) scan	<input type="radio"/>	<input type="radio"/>
b. Magnetic resonance imaging (MRI)	<input type="radio"/>	<input type="radio"/>
c. Non-targeted forensic toxicology analysis	<input type="radio"/>	<input type="radio"/>

*Probe1. What does it mean for you to have “access to” an investigative technology?*

*Probe2. What are some other technologies you have or would like to have access to?*

*Probe3. What does “non-targeted forensic toxicology analysis” mean to you?*



**F6. What other investigative technologies not listed here does your office have access to?**

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**F7. Does your office have access to the following specialized investigative teams, either externally or internally?**

<b>Specialty Area</b>	<b>Yes</b>	<b>No</b>
a. Child fatality	<input type="radio"/>	<input type="radio"/>
b. Drug case review/surveillance	<input type="radio"/>	<input type="radio"/>
c. Vulnerable adult fatality review	<input type="radio"/>	<input type="radio"/>

*Probe1. What does it mean to have access to specialized investigative teams?*

*Probe2. Would you answer yes to a specialty team if you have never used them but knew that you could if you needed to?*

*Probe3. Can you think of any other investigation teams we should add to this list?*

**F8. To what extent are the following resources needed to improve your *ability to complete cases*?**

<b>Resources</b>	Not at all	To some extent	To a moderate extent	To a great extent
a. Death investigation staff (e.g., medical examiners, coroners, death investigators, anthropologists, histologists, forensic toxicologists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Administrative and ancillary staff (e.g., technicians, autopsy technicians, photographers, administrative assistants, accountants, drivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Laboratory/facility space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Administrative and evidence storage facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Office equipment (e.g., computers, software)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Analytical instrumentation and laboratory supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Access to literature resources (e.g., books, journals, electronic mailing lists, databases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Probe1. What do you think this question is asking?*

*Probe2. What do you think we mean by “ability to complete cases”?*

*Probe3. Are there any additional resources we should add to this list?*

*Probe4. What did you think of the examples provided in the table? Were they helpful?*

*Probe5. Would it make a difference to you if we listed the resources in a different order?*

**F9. Does your office currently participate in any of these data collection efforts?**

<b>Data Collection</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
a. Combined DNA Index System (CODIS) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fatality Analysis Reporting System (FARS) <i>Sponsor: National Highway Traffic Safety Administration (NHTSA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. National Crime Information Center (NCIC) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. National Forensic Laboratory Information System (NFLIS) <i>Sponsor: Drug Enforcement Agency (DEA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. National Missing and Unidentified Persons System (NamUs) <i>Sponsor: Department of Justice (DOJ)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. National Violent Death Reporting System (NVDRS) <i>Sponsor: Centers for Disease Control and Prevention (CDC)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. State or local data collections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Probe1. Have you heard of all of these data collection efforts?*

*Probe2. Have you participated in any of these in the past?*

*Probe3. IF STATE/LOCAL OR OTHER, What is the other data collection effort you participate in?*

**F10. Does your office have access to the following support services, either externally or internally?**

<b>Support Service</b>	<b>Yes</b>	<b>No</b>
a. Advocates for families of victims	<input type="radio"/>	<input type="radio"/>
b. Grief and bereavement services for survivors (e.g. counseling or therapy, homicide survivor groups)	<input type="radio"/>	<input type="radio"/>
c. On-scene support or advocacy for bystanders or other family and friends of the deceased	<input type="radio"/>	<input type="radio"/>
d. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>

*Probe1. What does it mean to “have access” as it is used in this question?*

*Probe 2. What does “On-scene support or advocacy for bystanders or other family and friends of the deceased” mean to you?*

*Probe3. IF YES TO ANY, How do you have access to these services? Internally? Externally?*

*Probe4. IF NO, Do you know of any of these services that exist that you don’t have access to?*

**F11. Is your office located within another business, such as a funeral home?**

- Yes
- No

**F12. Does your office have a Department Originating Agency Identifier Number or, ORI number?**

- Yes
- No
- Don't know

If you do not have a Department Originating Agency Identifier Number (ORI), **SKIP to END.**

*Probe1. IF NO, Have you heard of a Department Originating Agency Identifier Number or ORI number?*

**F13. What is your Department Originating Agency Identifier Number or ORI number?**

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**END. Thank you for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). Your feedback is very important to us!**

**GENERAL PROBES**

1. How long do you think it would take to complete the survey, including gathering all of the data necessary to answer these questions?
2. Overall, what did you think of this survey?
3. Were there any questions that were unclear or confusing that we did not already talk about?
4. What did you think about the “estimate” checkboxes? What about the “don’t know” checkboxes? (Examples: D3-D6)
  - a. Would any of your answers have been different if those checkboxes weren’t there?
  - b. If you weren’t sure of an answer, would you estimate and use the checkbox or would you leave it blank?
5. Did you notice that some questions had words in italics for emphasis? (See F8)
6. When completing this survey, would you provide your exact numbers or would you guess and estimate?
7. **IF NOT ALREADY DETERMINED:** How many people would be involved in supplying the answers to these questions?
8. Who at your office would be responsible for completing this survey? Do you think

you/they would prefer to fill it out on paper or on the web?

9. If we were to ask about the size of the population you serve, what would be the best way to collect those data? Do you think that is important to ask?
10. What could we do to make it easier or more likely for you to complete the survey?
11. Can you let me know if these questions are responsive to BJS's goals? POINT OUT GOAL SHOWCARD.
12. Would you be willing to complete the survey if you were sent one next year?

On behalf of BJS and RTI, thank you so much for your time. Those are all of the questions I have. If you think of anything else that would be helpful for us to know as we refine this survey, please don't hesitate to send us an email.

## Appendix F

### BJ's 2018 Census of Medical Examiner and Coroner Offices Goals Showcard

#### BJ's Goals for the 2018 CMEC

1. Generate statistics that will help develop a detailed understanding of the U.S. Medicolegal Death Investigation (MDI) system.
2. Gather information that will help address training, staffing, or jurisdictional coverage needs in the MDI system.
3. Further develop an understanding of the relationship between law enforcement agencies and medical examiners and coroner offices (MECs).

## **Appendix G**

### **IRB Submission Confirmation**



## Smiley-McDonald, Hope

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**From:** noreply.IRBExpress@rti.org  
**Sent:** Friday, July 27, 2018 2:39 PM  
**To:** Smiley-McDonald, Hope  
**Subject:** STUDY00020259 is not human research

*Template:RTI\_IRB\_T\_Post-Review\_NotHumanResearch*

### **Notification of Not Human Research Determination**

**To:** Hope Smiley-McDonald  
**Link:** [STUDY00020259](#)  
**P.I.:** [Hope Smiley-McDonald](#)  
**Title:** Census of Medical Examiner and Coroner Offices (CMEC)  
**Description:** The RTI IRB reviewed this submission and made a determination that this does not constitute research with human subjects. For additional details, click on the link above to access the project workspace.