

# MMRIA, TEST

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Case Folder: Top Folder Record ID: TEST-2020-5473

## Committee Decisions

Reporting state: test

Case Status: Abstracting (Incomplete)

Date created: user9 7/20/2022 05:12:49

Last updated: user9 7/23/2022 07:30:24

Undo

Form Approved

OMB No. 0920-1294

Exp. Date 04/30/2023

Public reporting burden of this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1294)

Review Date

Pregnancy-Relatedness

mm/dd/yyyy

(Select Value)

Estimate the Degree of Relevant Information (Records) Available for this Case

(Select Value)

Does Committee Agree with the Underlying Cause of Death Listed on Death Certificate?

(Select Value)

If Pregnancy-Related, Committee Determination of Primary Underlying Cause of Death (PMSS-MM)

(Select Value)

If Applicable: Committee Determination of Secondary Underlying Cause of Death (PMSS-MM)

(Select Value)

### Committee Determination of Cause(s) of Death - 1 item(s)

✕ item 1 of 1

Type

Cause (Descriptive)

Comments

(Select Value)

+Add Item

### Committee Determinations on Circumstances Surrounding Death

Did Obesity Contribute to the Death?

(Select Value)

Did Discrimination Contribute to the Death?

(Select Value)

Did Mental Health Conditions Other than Substance Use Disorder Contribute to the Death?

(Select Value)

Did Substance Use Disorder Contribute to the Death?

(Select Value) ▾

## Manner of Death

Was this Death a Suicide?

(Select Value) ▾

Was this Death a Homicide?

(Select Value) ▾

If Accidental Death, Homicide, or Suicide, List the Means of Fatal Injury Specify Other Means of Fatal Injury

(Select Value) ▾

If Homicide, What Was the Relationship of the Perpetrator to the Decedent? Specify Other Relationship

(Select Value) ▾

Was this Death Preventable?

(Select Value) ▾

Chance to Alter Outcome

(Select Value) ▾

### Contributing Factors and Recommendations for Action - 1 item(s)

✕ Item 1 of 1

#### Contributing Factor

Description of Issue

Contributing Factor Class

(Select Value) ▾

Level

(Select Value) ▾

#### Recommendation of the Committee

Committee Recommendation

Level

(Select Value) ▾

Prevention Type

(Select Value) ▾

Expected Impact

(Select Value) ▾

+Add Item

If recommendations and opportunities for strengthening systems and processes were discussed during the review of this death but would not have prevented this specific death, please document those recommendations here. For example, a recommendation related to the referral of pregnancy-associated deaths to the coroner or medical examiner's office for an autopsy could be listed here.