**Form CMEC-X** OMB No. : Approval Expires



**2023 CENSUS OF**

**MEDICAL EXAMINER AND CORONER OFFICES**

**U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics**

Acting as collection agent: RTI International

**Please use this form to provide information on behalf of the following agency:**

*[FILL AGENCY NAME HERE]*

**If the agency name printed above is incorrect, please call us at 1-866-662-8134.**

**Survey Instructions:**

* Submit this form using one of the following four methods:
  + **Online:** <https://www.bjscmec.org>

|  |  |
| --- | --- |
| Agency ID: |  |
| Password: |  |

* + **E-mail:** [CMEC@rti.org](mailto:CMEC@rti.org)
  + **Fax:** 1-800-647-9660 (toll-free)
  + **Mail:** Use the enclosed postage-paid envelope
* Please do not leave any items blank.
* If the answer to a question is none or zero, write “0” in the space provided. When exact numeric answers are not available, please provide estimates and mark the estimate check box where appropriate.
* Use blue or black ink and print as neatly as possible.
* Use an X when marking an answer in a box.

**Please indicate the primary person who completed this form:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  |  |
|  | *Last Name* | | | | | *First Name* | *MI* |
| Title: |  | | | | | | |
| Phone: |  |  | — |  |  | | |
|  | *Area Code* | *Number* | | | *Extension* | | |
| Fax: |  |  | — |  | | | |
|  | *Area Code* | *Number* | | | | | |
| E-mail: |  | | | | | | |
| Agency Website: |  | | | | | | |

**If** **you have any questions, call RTI toll-free at 1-866-662-8134, or send an e-mail to [CMEC@rti.org](mailto:xxxxxx@rti.org). If you have general project-related questions, please contact** **Connor Brooks of BJS at (202) 514-8633 or Connor.Brooks@usdoj.gov.**

**Burden Statement**

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (34 USC 10132), authorizes this information collection. Although this survey is voluntary, we urgently need your cooperation to make the results comprehensive, accurate, and timely. We greatly appreciate your assistance.

**AD1. If you have a sudden unexpected infant death case, which of the following procedures would your office conduct, or request, if warranted, to determine cause and manner of death?**

|  |  |  |  |
| --- | --- | --- | --- |
| Procedure | Yes | No | Decision made elsewhere (e.g. state medical examiners’ office) |
| 1. Scene investigation |  |  |  |
| 1. Doll re-enactment |  |  |  |
| 1. Imaging, including x-ray, CT, or MRI |  |  |  |
| 1. Autopsy |  |  |  |
| 1. Forensic toxicology |  |  |  |
| 1. Microbiology |  |  |  |
| 1. Histology |  |  |  |
| 1. Genetic testing (e.g., sudden cardiac deaths) |  |  |  |

**AD2. Does your office use the Sudden Infant Death Syndrome, or SIDS, diagnosis?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD3. Do you record decedents’ sex?**

|  |  |
| --- | --- |
|  | Always |
|  | Sometimes |
|  | No |

**AD4. Do you record decedents’ gender?**

|  |  |
| --- | --- |
|  | Always |
|  | Sometimes |
|  | No |

**AD5. Do you capture race and/or ethnicity for decedents?**

|  |  |
| --- | --- |
|  | Yes |
|  | No **🡪 SKIP to AD6 on Page 3** |

**AD5. Which of the following race and ethnicity categories do you capture for decedents?**

|  |  |
| --- | --- |
|  | White |
|  | Black or African American |
|  | Hispanic |
|  | American Indian or Alaska Native |
|  | Asian |
|  | Native Hawaiian or Other Pacific Islander |
|  | We do not capture race or ethnicity for decedents |
|  | Other (please specify) |
|  |  |

**AD6. How does your office dispose of unclaimed human remains?** *Please select all that apply*.

|  |  |
| --- | --- |
|  | Bury |
|  | Cremate |
|  | Donate body to a body donation program |
|  | Donate body to other program(s) (e.g., museum) |
|  | Our office holds unclaimed remains indefinitely |
|  | Other (please specify) |
|  |  |

**AD7. For unclaimed remains, does your office work with Veterans Administration or other groups to determine if the decedent is a veteran?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD8. When your office receives a death of a foreign national do you notify the consulate of the decedent’s country of origin?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD9. Are you aware of genetic screening as a test that medical examiner and coroner offices are starting to use?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD10. In the last 5 years have you sent any cases for genetic testing?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD11. Are you aware of the new Centers for Disease Control and Prevention’s Collaborating Office for Medical Examiners and Coroners (COMEC) and the resources it offers MEC offices?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**AD12. Does your office have access to a computerized axial tomography (CAT or CT) scan, either directly or through a partner agency?**

|  |  |
| --- | --- |
|  | Yes, directly |
|  | Yes, through a partner agency |
|  | No |

**AD13. Does your office have access to magnetic resonance imaging (MRI), either directly or through a partner agency?**

|  |  |
| --- | --- |
|  | Yes, directly |
|  | Yes, through a partner agency |
|  | No |