

MDAIR Coroner's Drug-Related Death Report

In accordance with Act 126, this form should be used by coroners to report any death where buprenorphine, methadone, or naltrexone was a cause or contributing factor.

The information you submit is confidential and will be reviewed only by appropriate personnel. Information submitted follows all Commonwealth security policies and procedures.

Required*

Cause or Contributing Factor

Only complete this form if buprenorphine, methadone, or naltrexone was a cause or contributing factor to the death.

1. Which medication(s) for opioid-use disorder (MOUD) was the cause or contributing factor in death? **If one of the choices is not a cause or contributing factor, do NOT submit this form.**

Buprenorphine

Methadone

Naltrexone

2. For each of the above substances found in the toxicology report, please indicate the ng/mL found.

Required*

Coroner's Information

The questions in the section pertain to the coroner's information

The information you submit is confidential and will be reviewed only by appropriate personnel. Information submitted follows all Commonwealth security policies and procedures.

3. Coroner's Name

4. Coroner's Phone Number

5. Coroner's Email Address

6. Coroner's County

7. Coroner's Case Number

Required*

Decedent's Demographics

This section pertains to the decedent's information.

The information you submit is confidential and will be reviewed only by appropriate personnel. Information submitted follows all Commonwealth security policies and procedures.

8. Decedent's Name

9. Decedent's County of Residence

10. Decedent's Birth Date

11. Decedent's Date of Death

12. Decedent's Time of Death

13. Decedent's Biological Sex

Female

Male

Intersex

14. Race/Ethnicity

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White or Caucasian

Hispanic/Latino

Unknown/Other

Required*

Decedent's Death Information

This section pertains to the decedent's death and toxicology report. The information you submit is confidential and will be reviewed only by appropriate personnel. Information submitted follows all Commonwealth security policies and procedures.

15. Was an autopsy performed?

Yes

No

16. Manner of Death

17. Cause of Death

18. Is there evidence buprenorphine, methadone, or naltrexone was the decedent's prescribed medication? (e.g. Evidence of prescription bottles?)

Yes

No

19. If known, where was the decedent obtaining the buprenorphine, methadone, or naltrexone?

Narcotic Treatment Program

Office-Based Opioid Treatment Provider

Outpatient or Residential Mental Health Provider

Outpatient or Residential Substance Use Disorder Treatment Provider

Primary Care Provider

Unknown

20. Please include all prescription information found at the scene. Type/Write "N/A" if information is not known.

(Please include amount prescribed, amount found, name and address of prescriber, name and address of pharmacy, date issued, and dosage.)

21. Was law enforcement involved? If yes, please include the name of the agency, the agency's contact information, and police report or incident number.

22. Describe drug(s) evidence found on person/scene (e.g. packing, stampings, markings, etc.)

Required*

Substance in Toxicology Report

Please report the level of each substance indicated in the toxicology report. **If the substance was not indicated on the toxicology report, leave the answer blank.**

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23. Indicate which substances are present in the toxicology report.

	Yes	No
Alcohol	<input type="radio"/>	<input type="radio"/>
Amphetamines	<input type="radio"/>	<input type="radio"/>
Benzodiazepines	<input type="radio"/>	<input type="radio"/>
Cannabis	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Fentanyl	<input type="radio"/>	<input type="radio"/>
Gabapentin	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>
Naloxone	<input type="radio"/>	<input type="radio"/>
Xylazine	<input type="radio"/>	<input type="radio"/>
Other Opioids	<input type="radio"/>	<input type="radio"/>

Additional Information

This section is used to add information that would be helpful for investigation purposes.

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24. Please add any information you think is helpful for investigation purposes.

25. Please email the toxicology report and additional supporting documentation if available (autopsy, death investigation report, law enforcement documents, etc.) to ra-daod@pa.gov. Subject line should include **Coroner's Case Number**.

Please indicate the date the information was emailed.