



Ministry of Health
Malaysia

MOH/P/PAK/603.25(GU)-e

STANDARD OPERATING PROCEDURE OF FORENSIC MEDICINE SERVICES

2nd Edition

Clinical Support Services Unit
Medical Development Division
Ministry of Health Malaysia





MINISTRY OF HEALTH MALAYSIA

**STANDARD OPERATING PROCEDURE
FOR FORENSIC MEDICINE SERVICES**

2ND EDITION

**CLINICAL SUPPORT SERVICES UNIT
MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA**

Forensic Medicine Services
Ministry of Health Malaysia

Standard Operating Procedure

Standard Operating Procedure of Forensic Medicine Services

MOH/P/PAK/603.25(GU)-e

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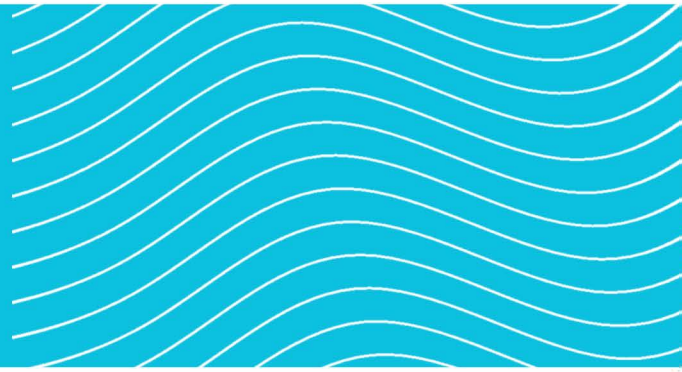
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The document outlines optimal achievable standards in accordance with the best practices and guidelines.

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Standard Operating Procedure



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Standard Operating Procedure

DIRECTOR GENERAL OF HEALTH MALAYSIA



Forensic Medicine Services in Malaysia are critical in supporting the medicolegal death investigation system, safeguarding public health, and upholding the rights and dignity of individuals within society. To ensure the highest standards of professionalism, accuracy, and consistency in the service delivery outlined in the updated National Policy of Forensic Medicine Services, this second edition of the Standard Operating Procedure (SOP) of Forensic Medicine Services serves as a comprehensive framework that describes the correct processes and procedures to follow. By standardising and streamlining, forensic medicine practitioners will undertake related procedures with the utmost care, scientific vigour, and ethical responsibility.

This document reflects the Ministry of Health Malaysia's commitment to continuously improving the quality and effectiveness of forensic medicine services. It aligns with Malaysia's ongoing efforts to support the nation's legal system, build public trust in the medicolegal interface, and enhance the standards of forensic medicine practice and the healthcare system in general.

This SOP will undoubtedly serve as a valuable guide and support for healthcare practitioners in their critical work and contribute to the continuing advancement of Forensic Medicine Services in the country. I applaud the Medical Development Division of the Ministry of Health Malaysia and the Working Committee for their exceptional efforts in preparing this document.

A handwritten signature in black ink, appearing to read 'Mahathar bin Abd Wahab'.

Datuk Dr Mahathar bin Abd Wahab

Standard Operating Procedure

DEPUTY DIRECTOR GENERAL OF HEALTH MALAYSIA (MEDICAL)



Forensic Medicine Services need a robust and well-defined guide as an integral part of the Malaysian healthcare system. The updated Standard Operating Procedure (SOP) is necessary to ensure the fulfilment of the objectives of the updated National Policy of Forensic Medicine Services by providing clear guidance for carrying out the required processes consistently and competently.

A clear and structured approach to a wide range of activities related to forensic pathology, mortuary and forensic medicine laboratory services is paramount in maintaining consistency, minimising errors, and protecting the integrity of the medicolegal process. Moreover, this SOP ensures that the services comply entirely with international best practices and medicolegal standards.

This SOP is tailored not only to ensure that healthcare professionals perform their duties in a legally sound and scientific manner but also to foster public confidence in the ability of forensic medicine to support justice and the rule of law. The Medical Development Division of the Ministry of Health Malaysia and the Working Committee deserve recognition for their outstanding work in producing this document.

A handwritten signature in black ink, consisting of a large, stylized 'A' and 'I' followed by a horizontal line and a loop.

Dato' Indera Dr Nor Azimi binti Yunus

Standard Operating Procedure

FORMER NATIONAL HEAD OF FORENSIC PATHOLOGY SPECIALTY



As we continue to confront the challenges of medicolegal death investigations in this age of increased public awareness, expectations and scrutiny, this second edition of the Standard Operating Procedure (SOP) of Forensic Medicine Services is a timely and much-welcomed evolution from the previous SOP. It reflects current knowledge and expertise, technological advancements, and progressive changes in the services, and it integrates the key components of the forensic medicine services of the Ministry of Health Malaysia, namely forensic pathology, mortuary, and forensic medicine laboratory services. Most importantly, this second edition is intentionally generic by design to afford a pragmatic approach that takes into consideration the local practices and nuances.

This SOP establishes a clear, consistent, and well-defined protocol for each step of the process, serving as a guide to maintaining accuracy, efficiency, transparency, and accountability while complying with professional, legal, and ethical standards. Therefore, all those involved in forensic medicine must diligently apply these procedures systematically, thereby ensuring a proficient service delivery system that aligns with the updated National Policy of Forensic Medicine Services.

This document is a product of collaboration among healthcare professionals in the forensic pathology fraternity, with valuable input from legal experts and policy-makers. I am grateful for the steadfast support and commitment afforded by the Medical Development Division of the Ministry of Health Malaysia throughout its development. I also express my deep appreciation to the Working Committee and my colleagues who were instrumental in bringing this document to fruition.

A handwritten signature in black ink, appearing to be 'Suhani'.

Dr Mohd Suhani bin Mohd Noor

Standard Operating Procedure

NATIONAL HEAD OF FORENSIC PATHOLOGY SPECIALTY



Forensic Medicine Services play a vital and indispensable role in supporting the medicolegal death investigation system in Malaysia. In these challenging and rapidly evolving times, with new frontiers continuously emerging, it is imperative that the Standard Operating Procedure (SOP) be updated and expanded to ensure our practices remain relevant, credible, and aligned with global best practices.

This updated SOP has been meticulously developed to reflect the highest standards and best practices in Forensic Medicine Services, encompassing forensic pathology, mortuary, and forensic medicine laboratory services provided in Ministry of Health hospitals. It serves as a comprehensive guide that ensures uniformity, precision, and professionalism in our work. Additionally, it underscores our commitment to scientific rigor, ethical practice, and the pursuit of justice.

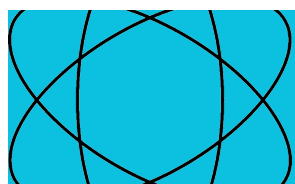
As the current leader of Forensic Medicine Services, I am deeply honoured to carry forward the legacy of those who came before me. Building upon their foundational work and visionary leadership, this SOP represents not only a continuation but an advancement of our collective mission to enhance the quality and integrity of forensic medicine in Malaysia.

I would like to express my heartfelt appreciation to the committee members and all contributors who have dedicated their time, expertise, and unwavering commitment to developing this SOP. Their collaborative efforts and steadfast dedication have been invaluable in producing a document that will undoubtedly strengthen our service and its impact on the justice system.

A handwritten signature in black ink, appearing to read 'Khairul Anuar bin Zainun'.

Dr Khairul Anuar bin Zainun

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Glossary / Definition of Terms

Biosafety Level 3 Postmortem Facility	A specially designed postmortem facility for conducting postmortem examinations of highly infectious airborne pathogen cases while maintaining tertiary barrier through these features, such as a dedicated negative pressure, laminar flow ventilation system with airlock facility.
Birth	Any child which has issued forth from its mother after the twenty-eighth week of pregnancy.
Brought-in-Dead (BID)	A person who is brought to the Emergency Department / Unit with no signs of life or a person who is brought dead to the mortuary by the police. BID cases shall only have the time cardiopulmonary resuscitation efforts are stopped, and not the approximate time of death. The time at which the body is registered shall be used as the time of death. Sudden deaths in outpatient facilities (patients who are not registered as ward patients), e.g. specialist clinics, diagnostic imaging department and blood donation unit, shall be categorised as BID cases. The cases will be declared as BID cases by the ED and reported to the police. Refer to Appendix I: Section 13 of the Criminal Procedure Code (Act 593).
Case Discussion	An academic exercise / quality assurance activity to discuss the cause of death of a postmortem case prior to the completion of a postmortem report.
Certification of Death	Completion of the relevant death registration forms by a fully registered medical practitioner to obtain a death certificate.

Claimant	<p>Next of kin or authorised representative.</p> <p>Next of kin includes spouse(s), daughter(s), son(s), parent(s), sibling(s), or second- or third-degree relatives.</p> <p>Authorised representative includes representative of next of kin / relatives, representative of Embassy / High Commission, religious authorities and employers.</p>
Clinical Forensic Medicine	<p>A branch of medicine which deals with the investigation of living persons and the assessment of medical findings in the context of the administration of justice.</p>
Clinical Postmortem Examination	<p>A postmortem examination that is performed on a ward death / DID case which is requested by clinicians, to determine the cause of death or extent of disease and requires a written informed consent from the next of kin. Such cases do not involve police investigation.</p>
Death in Custody	<p>Death of a person who is detained by the authorities / law against his will, and it starts from the moment of first contact with the apprehending authority or death of a person in a psychiatric ward.</p>
Death-in-Department (DID)	<p>Death of a patient in the Emergency Department / Unit where the patient has presented to, with signs of life, registered and then passes away. DID cases with unknown cause of death can be categorised as sudden death and a police report is made.</p>
Foreign National	<p>A non-Malaysian citizen including those with permanent resident status.</p>
Forensic Medicine	<p>A branch of medicine which deals with the application of principles of medical knowledge for the purpose of law, both civil and criminal, and furthering justice. It comprises forensic pathology and clinical forensic medicine.</p>
Forensic Medicine Department	<p>A department of forensic medicine must have at least one resident Forensic Pathologist, medical officers and support staff, appropriate and adequate forensic medicine facilities, and preferably a forensic medicine laboratory. It shall be the referral centre for its area of coverage.</p>
Forensic Pathology	<p>A special branch of pathology which deals with the medicolegal investigation of death.</p>

Forensic Postmortem Examination	A postmortem examination that is performed by authorization from the legal authorities.
Hospital Death	In-hospital death i.e. death in department and ward death.
Last Office	Preparation of a dead body in the ward / ED prior to transfer to mortuary including the completion of death registration document where relevant.
Last Rites	Ritual preparation of a dead body before burial / cremation.
Miscarriage / Abortion	Expulsion of a foetus before the twenty-eighth week of pregnancy.
Next of Kin (NOK)	A person who has a relationship of marriage, kinship, or brotherhood, with the deceased. Authorised representatives may represent the next of kin, provided that a written consent from the NOK has been obtained for further management of dead bodies.
Non-police / Non-medicolegal Case	Death that is not reportable to the police under the Criminal Procedure Code (Act 593).
Out-of-Hospital Death	Death of a person that occurs outside hospital settings and in places other than the Emergency Department and hospital wards e.g. public spaces. These cases are not under the purview of the forensic medicine service unless instructed by the police.
Peer Review	A quality assurance activity to assess the accuracy of the cause of death and comments offered by a Forensic Pathologist or medical officer who performs a postmortem examination. It is done after the completion of all ancillary investigations and postmortem report. The peer review panel shall comprise qualified Forensic Pathologists and experts in the disputed area. The involvement of other disciplines depends on the requirement of the case, with conflicts of interest avoided.
Permanent Resident	A foreign national who has been granted a legal residence pass to reside in Malaysia ^{1,2} .

Pol 61 (Borang Permintaan Pemeriksaan Mayat, Polis 61 Pindaan 4/86)	A gazetted document issued by the police for the purpose of a medicolegal death investigation, stating the request for a forensic postmortem examination to be performed by a government medical officer.
Police / Medicolegal Case	Death that is reportable to the police under the Criminal Procedure Code (Act 593). (Refer to Appendix II)
Postmortem Examination	An examination that is performed on a dead body.
Postmortem Report	A report that is produced to fulfil the requirements of Section 332 of the Criminal Procedure Code (Act 593). (Refer to Appendix III)
Pronouncement of Death	Declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending healthcare provider. For the brain death patient, the time of death is at the time of the second brain death test ³ .
Specimen	Biological (e.g. body fluids and tissues) and non-biological samples (e.g. clothing) collected during postmortem examination for laboratory analysis.
Stillborn	Any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life ⁴ .
Sudden Death	It is not a cause of death but a category of death where a death occurs suddenly and unexpectedly.
Unclaimed Body	A dead body that has not been claimed after efforts to identify the deceased and to locate the next of kin have been taken, or refusal of the next of kin to claim the body.
Unexplained Death	It is not a sudden death but a death of a patient who was apparently stable in the ward and the cause of death is unknown by the clinicians.
Ward Death	Death of a registered warded patient.

NB: For the purpose of this document, the term ‘forensic medicine department’ shall include ‘forensic medicine unit’.

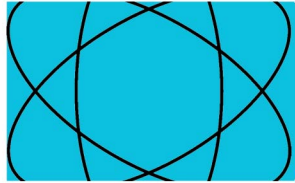
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Abbreviation

AMO	Assistant Medical Officer
BID	Brought-in-Dead
CBRNE	Chemical, Biological, Radiation, Nuclear and Explosive
CPC	Criminal Procedure Code (Act 593)
DID	Death-in-Department
DNA	Deoxyribonucleic acid
ED	Emergency Department / Unit
FP	Forensic Pathologist
FSO	Forensic Science Officer
FTA	Fast technology for analysis of nucleic acids
HOD	Head of Department
HOS	National Head of Specialty
HOSS	Head of Specialty of State
IMR	Institute for Medical Research
I/O	Investigating Police Officer
JKM	<i>Jabatan Kimia Malaysia</i> (Department of Chemistry, Malaysia)

KPI	Key Performance Indicators
MMC	Malaysian Medical Council
MO	Medical Officer
MOH	Ministry of Health, Malaysia
NGO	Non-governmental organisation
NOK	Next of kin
PDRM	<i>Polis Diraja Malaysia</i> (Royal Malaysia Police)
PM	Postmortem
PPK	<i>Pembantu Perawatan Kesihatan</i> (Healthcare Assistant)
SOP	Standard Operating Procedure
TOP	Tissue / Organ Procurement
UPOH	<i>Unit Perolehan Organ Hospital</i> (Hospital Organ Procurement Unit)

Standard Operating Procedure



PART I: INTRODUCTION TO FORENSIC MEDICINE SERVICES

Introduction

Forensic Medicine is a branch of medicine that assists the legal authorities in the adjudication of justice. The specialty involves forensic pathology, forensic medicine laboratory and mortuary services, and the respective areas of special interest.

This document shall be used and applied to all hospitals under the Ministry of Health, Malaysia.

1. Aim

This SOP is intended to standardise the practice and the delivery system of the Forensic Medicine Services by MOH, Malaysia. This SOP shall be read in conjunction with the National Policy of Forensic Medicine Services and General Hospital Operational Policy, MOH.

If there is any discrepancy with previous documents, this revised SOP shall supersede them.

2. Objectives

To provide forensic pathology service in accordance with the provisions within the laws of Malaysia, and mortuary service for deaths in hospital and BID cases.

3. General Statements

- 3.1 All hospitals shall provide twenty four (24) hour mortuary and forensic pathology services.
- 3.2 The management and delivery of Forensic Medicine Services for hospitals with resident Forensic Pathologist shall be under the purview of the Head of Department of Forensic Medicine. For hospitals without a resident Forensic Pathologist, the Hospital Director shall set up a Forensic Medicine Unit with a Medical Officer in charge of the Unit.
- 3.3 For hospital deaths and BID cases to ED, bodies can only be transferred to the mortuary after 1 hour following pronouncement of death in order to fulfil last office requirements.
- 3.4 Medical certification of death shall be given by a fully registered medical practitioner.
- 3.5 The police can issue the cause of death under Section 330 of the Criminal Procedure Code (Act 593) if a PM examination is not required.
- 3.6 All deaths shall be issued with the relevant death registration forms as per local practice, in compliance with the requirements for death registration.

- 3.7 The AMO is responsible for the release of the dead body to the claimants.
- 3.8 All dead bodies are potentially infectious, thus current standard precautions shall be observed by the health personnel involved in handling each case.
- 3.9 For notifiable infectious disease cases:
- a) The release of dead bodies with notifiable infectious disease will comply with requirements stipulated by the public health division.
 - b) For bodies with high infectious risk requiring forensic postmortem examination, the bodies may be transferred to a more suitable facility that can handle high risk forensic postmortem examination, at the discretion of the state Forensic Pathologist for health and safety reasons.
- 3.10 Unclaimed dead bodies can only be released when the necessary hospital procedures have been undertaken or police clearance is available (refer to Part II section 6):
- a) to the relevant agencies;
 - or
 - b) to the universities, only upon request, based on the existing guidelines.
- 3.11 All working facilities in the forensic medicine unit/department are restricted areas. Entry to the premises shall be only by authorization and with supervision.

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PART II: OPERATIONAL PROCEDURES – MORTUARY SERVICES

1. Death in Hospital (Ward Death and Death in Department)
 - 1.1 Pronouncement of death in the ward and ED shall be carried out by the attending doctor.
 - 1.2 Last office procedures and documentation shall be undertaken by the ward/ED staff which includes the removal of any tubing and medical devices. Nevertheless, any medical devices must be left in situ, pending a forensic PM examination if such a device is suspected to be of significance to the death investigation.
 - 1.3 All iatrogenic / medical intervention wounds must be properly secured from leakage.
 - 1.4 The ward/ED staff is responsible for notifying known notifiable infectious disease deaths according to current existing infection control guidelines.
 - 1.5 The relevant documents/forms shall be filled up by the attending MO and sent to the mortuary together with the body of the deceased.

- 1.6 All bodies / body parts / fetuses shall be tagged with:
- a) a white body identification tag for non-police (non-medicolegal) case;

or

 - b) a red body identification tag for police (medicolegal) case.

Refer to Appendix IV.

- 1.7 Bodies need to be kept in the ward not less than one (1) hour after death has been pronounced before being transferred to the mortuary.
- 1.8 For non-police/non-medicolegal cases, the doctor of the primary team shall certify the cause of death and shall be wholly responsible for ensuring that all particulars filled in the related registration forms are true, correct and complete based on the available documentary evidence.
- 1.9 For police/medicolegal cases, the police must be notified of the death by the ward/ED staff. (Refer to Appendix II)
- 1.10 Should the relevant death registration forms be improperly or incorrectly filled (including the cause of death), the mortuary will not release the dead body to the claimant until all the necessary corrections have been made by the responsible doctor.

1.11 Notification of Death to Mortuary

- a) The ward/ED staff shall inform the forensic staff as soon as practicable after the pronouncement of death has been made.
- b) The ward/ED staff is responsible for informing the NOK upon confirmation of death. If the NOK is not contactable, police assistance shall be sought.
- c) Additionally, the ward/ED staff shall verify the decedent's organ donor status and complete the necessary last office. For medicolegal cases, the ward/ED staff shall also notify the police.

1.12 Transfer of Dead Body to Mortuary

- a) All the dead bodies can only be transferred to the mortuary **after one hour** following the pronouncement of death. Dead bodies must never be allowed to remain for more than 3 hours after pronouncement of death in the ward/ED to prevent early decomposition; irrespective whether the clinical cause of death is known or unknown, or whether the next of kin is available for notification of death.
- b) The tagged body shall be transferred to the mortuary accompanied by all relevant documents.
- c) All the dead bodies shall be released to the next of kin or authorised claimant through the mortuary. Any special exemption to release the body through the ward can only be authorised by the Hospital Director.

- d) For medicolegal cases, the forensic staff must ensure that the Pol 61 (Appendix V) is issued by the I/O, if a forensic PM examination is required by the police for the purpose of their investigation.
- e) If a forensic PM examination is not required by the police, the cause of death will be certified by the attending MO, if possible.

2. Brought in Dead

- 2.1 All BID cases brought to the hospital by the police shall be sent directly to the mortuary.
- 2.2 BID cases brought by the next of kin / public / ambulance to the ED should be registered there and are reportable to the police. A sudden death police report must be made by the ED staff before transferring the body to the mortuary.
- 2.3 The cause of death for the BID cases where the police do not require PM examination shall not be issued by the attending doctors.
- 2.4 Should there be any discrepancies detected in terms of designation of death by ED as BID or DID, the Forensic Medicine Department / Unit shall seek clarification and request necessary corrections be made by attending clinicians.
- 2.5 Police shall decide the need for forensic PM examination.

2.6 The police can issue the cause of death under Section 330 of the Criminal Procedure Code (Act 593) if a PM examination is not required.

3. Receipt and Registration of Dead Body / Body Parts / Foetuses

3.1 The mortuary may use manual or information management systems for registration of dead bodies / body parts / foetuses, in accordance with local institutional practice.

3.2 Any relevant death management form, if used, shall be filled by the forensic staff upon receipt and registration of the body / body parts / foetuses.

3.3 The AMO shall be responsible for the registration of the body.

3.4 Particulars required for body registration are as follows:

- i. Name of the deceased
- ii. Identification number of the deceased
- iii. Date and time of death / found dead
- iv. Date and time of arrival at mortuary
- v. Address of the deceased
- vi. Age of the deceased
- vii. Sex of the deceased
- viii. Ethnicity/nationality of the deceased
- ix. Religion of the deceased
- x. Biohazard/non-biohazard case
- xi. Police/non-police case

- 3.5 For manual registration, police cases shall be entered in red ink whereas non-police cases shall be entered in black or blue ink.
- 3.6 For management of belongings of the deceased, please refer to **PART III: OPERATIONAL PROCEDURES – FORENSIC PATHOLOGY SERVICES.**
- 3.7 If a case requires a PM examination, the MO on duty shall then be informed. The AMO shall be responsible for the receipt of Pol 61 from the police (Refer to Appendix VI for cases that must be referred to a forensic pathologist).
- 3.8 Any police case that is planned for a forensic PM examination shall be assigned a unique identifying postmortem number.

4. Body Storage

- 4.1 Bodies shall be stored in body refrigerators at 4 ± 2 °C unless the body can be claimed within three (3) hours from the time of receipt at the mortuary.
- 4.2 Body parts / fetuses shall be kept in a dedicated paediatric body refrigerator or chest freezer, if available. Otherwise, it shall be kept in a regular body refrigerator.
- 4.3 The AMO on duty will be responsible for regular monitoring of body refrigerator temperature.
- 4.4 Each body refrigerator must be correctly labelled with the correct identity of the body stored.

4.5 MOH does not provide temporary body storage (lodging) service for private establishments or individuals. Refer to “**PART VII: OTHERS** section 6”.

5. Release of Dead Body

5.1 All dead bodies (including body parts / foetuses - refer to **PART II** section 9) shall be released by the AMO to the right claimant after all the relevant documents are completed, via the respective hospital mortuary.

5.2 The claimants will be advised by the designated AMO to register the death for issuance of Death Certificate at the National Registration Department within a stipulated time period after receipt of relevant documents.

5.3 Bodies that are to be released must be identified by the right claimant before release.

5.4 The time documented as the release of the body to the claimant is the time of the handing over of the relevant documents to the appropriate claimant.

5.5 Release of a dead body must not be subject to the ability of the next of kin to remit hospital charges.

5.6 The claimants shall make their own arrangements for the process of performing the funeral rites in accordance with the respective religious bodies, and transportation of the body.

5.7 Last rites and embalming services are not provided by the mortuary.

- 5.8 Hospitals may provide room facilities for the performance of the last rites by the claimants.
- 5.9 The forensic/hospital staff shall not be involved in the procedures of last rites including escorting the body during transportation.
- 5.10 Hospitals shall not be held responsible for any untoward incidents once a dead body has been released to the claimant.
- 5.11 Release of Dead Body of non-Police Case
- a) The designated AMO is responsible for the release of the body from the mortuary to the claimants after verifying all relevant details pertaining to the deceased and claimants of the body.
 - b) The designated AMO shall document the following details of the claimants in the manual or information management systems:
 - i. Name of the claimant
 - ii. Identification/passport number
 - iii. Address of the claimant
 - iv. Relationship to the deceased
 - v. Contact number of the claimant
 - vi. Date and time of body release to the claimant
- 5.12 Release of Dead Body of Police Case
- a) For all dead bodies classified as police cases, the police shall be notified and clearance shall be obtained before release/disposal of the bodies.

5.13 Release of Dead Body of Foreign National

- a) Foreign nationals shall include permanent residents.
- b) The respective High Commission / Embassy / Missions / Consulates shall be notified for issuance of confirmation on the status of nationality of the deceased prior to releasing the dead body to the claimants / authorised representatives. A formal notification for clearance/feedback on the status of citizenship shall be obtained before release/disposal of the bodies.
- c) The claimants shall make their own arrangement with the funeral operators for repatriation based on any relevant and current guideline.
- d) Ensure the respective High Commission / Embassy / Missions / Consulates are notified prior to repatriation of the dead body.
- e) Nevertheless, if confirmation status by the Embassy will result in undesirable delay for releasing the dead bodies in the event of a pandemic, such bodies shall be disposed of forthwith in accordance with current public health guidelines, when all processes are due.
- f) Repatriation of dead bodies is not under the purview of the Forensic Medicine Department/Unit. The Department is not responsible for issuing repatriation-related documents including export permits etc. for the dead bodies. Refer to **Part II** section 12 on “Repatriation of Bodies”.

- g) For bodies of foreign nationals, the respective embassy is responsible for tracing the next of kin.

If no next of kin is found, the respective embassies shall claim the bodies of their unclaimed citizens and make the necessary arrangements for disposal.

The hospital reserves the right to dispose of the body as per local procedures if the body of a foreign national remains unclaimed after efforts to identify the deceased and to locate the next of kin have been taken, or refusal of the next of kin to claim the body. This is subject to local needs and evaluated on a case by case basis.

5.14 Release of Dead Body with Infectious Status

- a) For all dead bodies with infectious status, relevant and current laws and guidelines pertaining to infectious diseases and public health shall be adhered to.
- b) The release of these dead bodies to the claimants shall be under the supervision of the respective District Health Office.

5.15 Refer to **Part II** subsection 5.11 for the documentation of the release of dead bodies of police cases, foreigners and those with infectious status.

6. Release of Unclaimed Dead Body

- 6.1 A dead body that has not been claimed after efforts to identify the deceased and to locate the next of kin have been taken, or refusal of the next of kin to claim the body, shall be categorised as an unclaimed body. This is subject to local needs and evaluated on a case by case basis. Local hospital procedural steps shall be taken for the subsequent disposal of the body.
- 6.2 Body parts / fetuses that are not claimed shall also be disposed of in accordance with local procedures. Refer to **Part II** section 9.
- 6.3 An unclaimed body may be from a BID, DID, or ward death case. Its status may be unknown or known/confirmed identity, a Malaysian or foreign citizen, or a medicolegal or non-medicolegal death case.
- 6.4 A body shall not be considered as being unclaimed if the body is undergoing body identification process and due for release to the right claimant.
- 6.5 The following is the prerequisite for the management of an unclaimed body.
 - 6.5.1 Hospital death (DID & Ward death) cases
 - a. The minimum steps that shall be taken prior to categorising a case as unclaimed are outlined below.
 - The ED/ward staff shall inform the hospital management/public relations officer to advertise on all appropriate media platforms to identify a patient with unknown identity and trace the NOK.

- The ED/ward staff may lodge a police report to request police assistance in the identification of the patient and the tracing of the NOK.
 - It is strongly advisable that the above steps are undertaken early in the course of admission, with due consideration given to local hospital policies/local practice.
 - If the patient dies before the identity and/or next of kin are confirmed, a timeline of events and all relevant documents shall be provided to the mortuary for follow-up.
 - The police and the hospital management/public relations officer shall issue a formal notification to the Forensic Medicine Department regarding the outcome of the identification process and/or efforts to locate the NOK.
- b. A dead body is declared unclaimed when a formal notification of unavailability of the right claimant is issued by either the police or the hospital management.
- c. The body shall then be managed in accordance with local practice.

6.5.2 BID cases

- a. The I/O shall be responsible for tracing the NOK or identification of the body and subsequently tracing the NOK.

- b. A dead body is declared unclaimed when a formal notification regarding the identification status and unavailability of the right claimant is issued by the police to the hospital.
 - c. The I/O shall issue a letter of acknowledgement to allow the body to be managed in accordance with local practice.
- 6.6 The unclaimed body release shall be subject to the presumed/confirmed religious background of the deceased.
 - a) Muslim dead bodies shall be handed over to the local Islamic authorities for burial.
 - b) Non-Muslim dead bodies shall be handed over to the appropriate religious/non-governmental agencies for burial or cremation.
- 6.7 The selected management approach must be properly documented.
- 6.8 Bodies can be transferred to another hospital for storage with proper documentation.
- 6.9 In the case of a mass disaster (whereby body refrigerator capacity is exceeded), existing stored bodies may be transferred to the nearest hospital at the discretion of the Hospital Director to provide space for disaster use⁵.
- 6.10 For unclaimed human skeletal remains, written consent must be obtained from the Hospital Director if the remains are to be kept in the Forensic Medicine Department⁶ for teaching/academic purposes.

7. Unclaimed Body for Academic and Research Purposes

- 7.1 Any use of unclaimed bodies in research and academic purposes will comply with any current guideline^{6,7}.

8. Cadaveric Tissue/Organ Procurement Service

- 8.1 The Department of Forensic Medicine will facilitate and support the activities of cadaveric tissue/organ procurement without prejudice to the inquiries of death in the CPC. Current related procedures shall be adhered to.
- 8.2 Consent from the next of kin shall be taken by the TOP/UPOH team.
- 8.3 For police cases, the attending medical practitioner must ensure a police report has been lodged. The I/O must be informed as soon as practicable for the purpose of police investigation including the need for a forensic PM etc., where relevant.

In addition to the consent from the NOK, a written approval from the magistrate on duty must also be obtained by the I/O and the TOP/UPOH team.

Regarding the scope of TOP, in order to not jeopardise police investigation and to minimise interference in PM examination, the case shall be discussed with the FP.

8.4 Refer to “*Pekeliling Ketua Pengarah Kesihatan Malaysia Bil.4 Tahun 2013. Tatacara Pengurusan Pendermaan Organ dan Tisu Kadaverik yang terlibat dalam Siasatan Polis*”⁸ and any related current guideline.

9. Management of Body Parts / Foetuses (not including placenta)

9.1 Temperature monitoring of chest freezer for body parts / foetuses storage shall follow local practice.

9.2 Body parts / foetuses from the ward shall follow the procedure below:

- a) For body parts / foetuses, the receipt and registration shall follow the same procedure as above (refer to **Part II** section 3). In addition, ensure that the body part / foetus is tagged and relevant forms are filled accordingly by the ward staff.
- b) The body part / foetus shall be released by the AMO to the claimant after all the relevant documents are completed.
- c) For the body part / foetus that the NOK does not want to claim, ward staff must ensure that the NOK has signed the relevant document before transferring the body part / foetus to the mortuary. Refer to Appendix VII.
- d) Unclaimed body parts / foetuses, shall be handed over to the local Islamic authorities / NGO for disposal according to presumed/confirmed religious background, in compliance with local practice.

- 9.3 Body parts / fetuses of medicolegal/police cases shall follow the procedure below:
- a) For body parts / fetuses that require PM examination, the procedure is similar to the medicolegal PM procedure (refer to **Part III** subsection 1.1).
 - b) Police shall be notified and clearance shall be obtained before the release/disposal of the body parts / fetuses to the NOK after PM examination.
 - c) If no NOK is available, the procedure will be similar to that of the unclaimed body of a police case (refer to **Part II** section 6).
 - d) Tissues/organs and related specimens that may have been obtained during life shall be made available to the FP should a PM examination is needed.

10. Waste Management

- 10.1 Waste management shall refer to the hospital clinical and chemical waste management procedures. It shall comply with current policies and standards.

11. Disposal of Residual Tissue Specimen

- 11.1 Following completion of forensic laboratory analysis, any residual tissue specimens shall be disposed of accordingly by the non-clinical hospital support services.

12. Repatriation of Bodies

12.1 The rightful claimant shall be responsible for the appointment of funeral directors for repatriation of any dead body that requires transportation by land, air or sea across national borders and between Peninsular Malaysia and Sabah & Sarawak.

12.2 Repatriation of bodies shall comply with current public health guidelines.

13. Body with Doubtful Religious Status

13.1 The local Islamic religious office shall be contacted if there is any uncertainty with the religious status of the deceased, where evidentiary documentation may be required.

13.2 The release and disposal of the dead body shall follow **Part II** section 5 above.

14. Management of Hazardous Bodies

14.1 Dead Bodies with High Infectious Risk

- a) All dead bodies with high infectious risk e.g. HIV, Hepatitis, COVID-19 etc., shall be informed to the Environmental Health Officer and the release of these dead bodies to the claimants shall be under their supervision, where required.

- b) For high-risk cases requiring forensic PM examination, the bodies may be transferred to a more suitable facility that can handle high-risk forensic PM examination, at the discretion of the state Forensic Pathologist for health and safety reasons.

14.2 Dead Bodies on Treatment of Permanent Seed Implant Brachytherapy

- a) All dead bodies with permanent seed implant brachytherapy shall follow the stipulated “*Garis Panduan Pengurusan Pesakit yang Menjalani Rawatan Permanent Seed Implant Brachytherapy bagi Institusi Perubatan di Malaysia di bawah Akta Perlesenan Tenaga Atom 1984 (Akta 304) bagi Maksud Perubatan Mei 2018*”⁹ and any related current guideline.

14.3 Dead Bodies with Implanted Medical Devices

- a) In ward deaths, removal of an implanted medical device shall be done by the respective clinical staff, either in the ward or mortuary.
- b) Nevertheless, the attending medical officer may decide to leave it in-situ pending a PM examination, should he/she opine that such a device may have contributed to or caused the death of the patient.
- c) For BID cases that are not subjected to PM examination, the respective clinical services will be consulted for the removal of any implanted medical devices e.g. battery-powered devices.

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PART III: OPERATIONAL PROCEDURES – FORENSIC PATHOLOGY SERVICES

1. Postmortem Examination

There are two types of postmortem examinations:

- Forensic Postmortem Examination, and
- Clinical Postmortem Examination (Refer to **Part VII: OTHERS**)

1.1 Forensic Postmortem Examination

- a) A forensic PM examination is performed under the provision contained within Chapter XXXII of the Criminal Procedure Code (Act 593). It also includes PM examination performed under the Prevention and Control of Infectious Diseases Act 1988 (Act 342) (Appendix VIII) and the Destruction of Disease-bearing Insects Act 1975 (Act 154) (Appendix IX).
- b) The requirement for any forensic PM examination is subject to the requirements of police investigation. It is never at the discretion of clinicians.
- c) Clinicians and pathologists cannot authorise a forensic PM examination.

- d) A hospital staff, irrespective of grade and position, shall not interfere, influence or obstruct a forensic PM examination. Failure to comply may be construed as an unjustifiable criminal attempt to obstruct a public servant from discharging his/her duties and a police report may be lodged accordingly.
- e) A forensic PM examination **DOES NOT** require any form of consent from the next of kin.
- f) It can only be performed by a government medical officer.
- g) It is strongly undesirable for ethical reasons, for a clinician who has attended a living patient, to perform a forensic PM examination on the said patient when he/she has passed on.

For example, a medical practitioner who has performed a surgical procedure or attended to a patient who subsequently dies (during the same hospitalisation), shall not perform a forensic PM examination on the said patient.

- h) A forensic PM examination shall be performed without exception once a postmortem order (Pol 61) has been received from the investigating police officer, unless the Pol 61 is subsequently withdrawn by the police.
- i) A forensic PM examination will be performed at the soonest time that is deemed practicable for the particular case.

- j) The performance of the PM examination includes obtaining the history from, but not limited to, the I/O, family and antemortem clinical notes.
- k) The procedures of the PM examination shall follow current minimum standards of practice.
- l) The extent of the PM examination shall be decided by the prosecuting doctor. It is desirable that a complete autopsy be performed whenever practicable.
- m) Family members, including representatives, regardless of medical background or otherwise, are not allowed to observe the PM examination.
- n) For cases which require a scene visit as requested by the police, the Forensic Pathologist shall be informed immediately. (Refer to **Part III** section 2 below).
- o) If a forensic PM examination is not required by the police for a particular medicolegal hospital death, the attending ED doctor or the doctor from the primary team may certify the clinical cause of death.

In the event where the cause of death cannot be clinically ascertained, the police may either reconsider the need for a PM examination or the police himself may certify the cause of death for the purpose of body disposal and death registration.

- p) Cleaning of the postmortem table after each PM examination by PPK shall follow standard precautions to reduce biohazard and contamination.
- q) The assigned medical officer at hospitals without a Forensic Pathologist can and is encouraged to contact Forensic Pathologists at the Forensic Medicine Regional Center/Cluster covering the concerned areas for advice and consultation. Refer to Appendix VI.

A case referral letter to the Forensic Pathologist shall be prepared if a PM examination is required.

1.2 Management of Belongings of the Deceased

- a) A decedent's belongings can either be extraneous or relevant to be used as physical evidence in a medicolegal death investigation.
- b) For any medicolegal deaths in the hospital, particularly BID cases, that are subjected to forensic PM examination, it is at the discretion of the MO/FP assigned to the case to acquire any belongings of the deceased (if it is known to him/her) for the purpose of the examination. (Refer to Appendix X)
- c) The hospital should provide a safe and secure storage for belongings brought to the mortuary or found during a forensic PM examination, prior to handing them over to the I/O, with strict adherence to preserving the chain of custody.

- d) The belongings may be returned to the claimant/NOK instead, with the I/O's approval.
- e) For non-medicolegal deaths in the hospital, only the body shall be transferred to the mortuary. The deceased's belongings are handled by ED/respective wards in accordance with local practice.

2. Scene visit

- 2.1 It is a service that may be required, depending on circumstances. Scene visits, irrespective of whether a crime is suspected or a scene of sudden death, can be done before PM examination or retrospectively.
- 2.2 The hospital shall provide transportation for the team and the crime scene equipment, to attend the scene. I/O may provide transportation, if needed.

3. Exhumation

- 3.1 Forensic pathology service shall also be involved in exhumation, upon request by PDRM and other legal authorities for the purpose of forensic PM examination.

Forensic exhumation does not encompass the relocation of graves or war graves.

- 3.2 The exhumation can be any of the following:
- a) The recovery of a clandestinely buried body of a suspicious or homicidal death, the location of which is part of a crime scene and police investigation.
 - b) Authorised by legal authorities to enable examination of a dead body e.g. second PM examination, acquire samples for medicolegal purposes etc.
- 3.3 Refer to the current and updated forensic anthropology manual¹⁰.

4. Postmortem Examination of Biohazard Cases

- 4.1 A PM examination of a body poses a dangerous health threat to humans from infectious agents.
- 4.2 PM examination of such cases shall comply with current biosafety standards and guidelines.
- 4.3 PM examination involving dangerous airborne hazard group 3 pathogens shall be done in a biosafety level 3 postmortem facility or similar containment settings i.e. dedicated negative pressure, laminar flow ventilation system with airlock facility. However, the requirement can change over time, subject to changes in the level of hazard group of the said pathogen.

5. High Risk (CBRNE) Postmortem Examination

- 5.1 PM examination of CBRNE (Chemical, Biological, Radiation, Nuclear and Explosive incidents) cases shall be handled with strict attention paid to safety requirements in terms of decontamination, human resources, equipment and infrastructure.
- 5.2 Any relevant current minimum standard of practice and guidelines shall be referred to with regard to safety and decontamination.

6. Management of Evidence and Specimen

- 6.1 Evidence and specimens collected during the course of a forensic PM examination that will be sent to JKM or similar laboratories by the I/O, shall be handled in an appropriate manner and with strict adherence to preserving the chain of custody.
- 6.2 A declaration form (refer to Appendix X) shall be signed by the I/O regarding the specimen collection within the specified time frame.

The specimens shall be disposed of accordingly if they are not collected by the police within the stipulated time i.e. 2 weeks, subject to availability of space, given limited storage space and the likelihood of contamination and deterioration in the quality of the samples. Access to the stored specimens shall be safe and secure.

- 6.3 Specimens from medicolegal PM examination that are sent to hospital laboratories or any other relevant pathology laboratories shall be treated like any clinical specimens.
- 6.4 The AMO shall be responsible for storage and disposal of the specimens.
- 6.5 Specimens shall be collected by the MO/FP in the appropriate containers (Appendix XI) in accordance with standard precautions.
- 6.6 The container shall then be handed over to the AMO on duty for labelling and sealing.
- 6.7 Labelling of the container are as follows:
 - i. Name of the deceased
 - ii. Postmortem number
 - iii. Police report number
 - iv. Type of specimen
 - v. Name of test
 - vi. Date and time specimen is taken
- 6.8 A medicolegal specimen handling form (Appendix XII) shall be completed for specimens taken in every case.
- 6.9 The sample is then handed over to the I/O by the AMO with proper documentation.

6.10 The relevant forms shall be filled up and signed by the MO/FP responsible for the case, depending on the test/analysis required (refer to Appendices XIII and XIV). The requirements of the respective laboratories shall be complied with.

6.11 The forensic medicine department shall not be responsible for the samples once they are handed over to the I/O.

7. Forensic Disaster Management

7.1 The department shall provide expertise in forensic management of fatalities and victim identification in disaster incidents which include infectious disease outbreaks, natural calamities, and man-made disasters. The forensic pathology services shall be mobilised accordingly in the event of a disaster.

7.2 Current related guidelines shall be adhered to⁵.

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PART IV: FORENSIC MEDICINE LABORATORY SERVICE

1. Forensic medicine laboratory service will provide ancillary services for forensic pathology service.

Refer to the current and updated Forensic Medicine Laboratory service manual¹¹.



PART V: CURRENT AREAS OF SPECIAL INTEREST IN FORENSIC PATHOLOGY SPECIALTY

1. Referral cases may be done by direct communication with the forensic pathologist of the respective area of special interest.
2. The current areas of special interest in forensic pathology specialty are as follows:
 - 2.1 Forensic Anthropology
 - 2.2 Forensic Cardiac Pathology
 - 2.3 Forensic Histopathology

2.4 Forensic Human Identification

2.5 Forensic Neuropathology

2.6 Forensic Paediatric Pathology

2.7 Clinical Forensic Medicine

3. Refer to Appendix XV for the general workflow for referral.

Refer to current related guidelines for Clinical Forensic Medicine service¹².

4. Transmission of specimens/documents for consultation will be subjected to the individual preference of the respective consulting forensic pathologist.

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PART VI: FORENSIC MEDICAL RECORD AND INFORMATION MANAGEMENT

1. All documents pertaining to forensic PM examination (e.g. PM draft, PM report, photograph) constitute medical records. The development of forensic record-keeping should be in tandem with the advancement of medical report keeping as a whole. It is the duty of the hospital to provide safe record-keeping for forensic records.

If the PM examination is done at another facility, the postmortem draft shall be in the possession of the respective referral hospital.

A PM report must be done by the respective medical officer who performs the PM examination (Appendix III: Section 332 of the CPC (Act 593) on 'Report of Government Medical Officer'). FP/MO of the forensic medicine department/unit who do not perform the PM must not sign the PM report.

2. The time frame for the preparation of the PM report is 12 weeks from the date of the official request received by the respective MO/FP, excluding complicated cases.

This time frame is subject to Forensic Medicine Service KPI or any current related guideline and will change accordingly.

3. Each case should be given a sequential unique postmortem number. The forensic medicine services shall stay in current with digitalisation of record services where applicable.
4. The forensic medicine service will participate in data collection activities to comply with MOH requirement and aspiration.
5. Record-keeping should be practised as per policy used by the Medical Records Department of the corresponding hospital.
6. Record-keeping of postmortem and clinical forensic medicine drafts/files
 - 6.1 The filing of PM and clinical forensic medicine drafts/files shall be done according to the unique PM/clinical forensic medicine case number.
 - 6.2 A detailed in/out sheet shall be included in the draft/file to keep track of its movements.
 - 6.3 Refer to Appendices XVI and XVII for a pro forma PM draft and clinical forensic medicine draft, respectively.

- 6.4 In the process of completing the PM report, the PM draft shall be kept in the respective forensic medicine department/unit, provided that there is safe and secure storage. Otherwise, it must be kept in the medical records department.

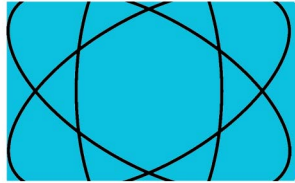
The draft shall be submitted together with the completed PM report to the medical records department for storage and filing.

7. Record-keeping of digital photos

- 7.1 Digital photos of PM cases shall be kept according to its PM case number in a permanent, safe, secure and robust storage system to prevent unauthorised access and corruption by unauthorised individuals.
- 7.2 Digital photos of clinical forensic medicine cases shall be kept according to its clinical forensic medicine case number as above.
- 7.3 A local digital server could be used for extension of storage space. The hospital shall be responsible to ensure the safety and security of the digital photos.

8. Record-keeping of forensic medicine documents shall follow local practice as follows:
 - 8.1 All physical and digital documents related to the registration of dead bodies, PM cases, and specimen handling e.g. Death Registration Book, *Buku Daftar Bedah Siasat*, and duplicates of *Borang Penyerahan Spesimen* shall be kept according to its calendar year.

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PART VII: OTHERS

1. Clinical Postmortem Examination

- 1.1 Clinical postmortem examination is a postmortem examination that is performed on a hospital death which is requested by clinicians and a written informed consent from the next of kin is mandatory. Such cases do not involve police investigation and cannot be consented by the clinicians or pathologists.
- 1.2 Clinical postmortem examinations are under the purview of anatomical pathology.
- 1.3 For unexplained hospital deaths that are not categorised as reportable cases to the police, the attending doctors may request for a clinical postmortem examination if necessary.
- 1.4 The Anatomical Pathology team must ensure that the requesting clinician has obtained a proper written informed consent for the clinical postmortem examination from the next of kin.

2. Second Postmortem Examination

- 2.1 It shall only be performed following authorisation either from the police or court.
- 2.2 It is the responsibility of the Forensic Pathologist who shall perform the second PM examination to follow the code of conduct i.e. consult and obtain relevant documents from the medical practitioner who performs the first PM examination. Refer to current related guidelines¹³.
- 2.3 The medical practitioner performing the second PM examination shall not be the same person performing the first PM examination, nor shall he/she be from the same hospital, to avoid conflict of interest.
- 2.4 Efforts should be made to include the medical practitioner who performs the first PM examination to observe the second PM examination.
- 2.5 Family members, including representatives, regardless of medical background or otherwise, are not allowed to observe the second PM examination.

3. Forensic Consultation and Referral for Opinion

- 3.1 Forensic Pathologist shall provide consultation or opinion upon request by interested parties e.g. government and private agencies, with adherence to relevant government circulars and general order¹⁴.

FP can provide consultation or opinion upon request by non-government interested parties with the permission of the Hospital Director¹⁵.

4. Expert Testimony

4.1 The forensic medicine service shall abide by the MMC guideline on expert witness¹⁶. FP/MO who have conducted forensic PM examinations shall testify in court when subpoenaed.

FP and other forensic personnel can be called as an expert or material witness (Section 45 of Evidence Act 1950 (Act 56) on 'Opinions of experts')¹⁷.

4.2 Subpoenas must be personally received and signed by the named recipients; they may not be accepted or signed by another individual.

The subpoena must be received by the recipient within a reasonable period of time to enable the FP/MO to retrieve the medical records and make the necessary preparation for testifying in court.

The recipient reserves the right to reject the subpoena should the subpoena be served without reasonable time being given for preparation and/or inadequate details of the case are provided.

5. Health and Safety

5.1 The forensic medicine service must comply with current standards, regulations and laws pertaining to infection control, biosafety requirements of any mortuary and forensic pathology facilities, and occupational safety and health. This includes ensuring staff safety and health with regard to potential exposure to biological and chemical hazards. Measures include, but are not limited to, annual health screening and up-to-date vaccinations, where relevant and as stipulated by local practice.

5.2 N95 masks should be worn during PM examination for biosafety reasons unless there is a strong reason to do otherwise.

6. Temporary Body Lodging

6.1 Temporary body lodging is not allowed unless prior approval is obtained from the Hospital Director in writing.

7. Quality Assurance in Forensic Medicine Service

7.1 The service shall comply with any current quality assurance programme of MOH. These programmes may include case discussions, peer reviews and external quality assurance.

8. Training and Research

8.1 Forensic medicine departments may provide the place to conduct any forensic training for undergraduate and postgraduate students (attachment, elective posting etc.), and any healthcare professionals, subject to current administrative requirements and regulations of the hospital and State Health Department.

Training will be conducted at suitable centres with relevant expertise and caseloads¹⁸.

8.2 Only the Forensic Medicine Department that has been recognized by the Pathology Specialty Committee can become a postgraduate Stage 2 training centre.

8.3 On-the-job professional and technical training of Medical Officers, AMOs and PPKs from Forensic Medicine Units of district hospitals is subject to current administrative circulars governing medical staff.

8.4 Any training for non-MOH personnel is subject to the State Health Department and respective hospital directors.

8.5 Undergraduate medical training shall adhere to the terms and conditions agreed upon between MOH and the respective teaching institution/university.

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Appendix

Appendix I:	Section 13 of Criminal Procedure Code (Act 593)
Appendix II:	Medicolegal Death Cases
Appendix III:	Section 329 - 332 of Criminal Procedure Code (Act 593)
Appendix IV:	Recommended format for body / body part identification tags
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Appendix XIV: *Borang Kementerian Kesihatan Malaysia Perkhidmatan Patologi (PER-PAT 301)*

Appendix XV: General workflow for referral for areas of special interest in forensic pathology specialty

Appendix XVI: Draft of Postmortem Examination

Appendix XVII: Clinical Forensic Medicine Examination Draft

NB: Please note that some of the appendices provided are samples for reference purposes only. Local centres may amend or customize these documents as needed.

SECTION 13 OF CRIMINAL PROCEDURE CODE (ACT 593)**Public to give information of certain matters**

13. (1) Every person aware—

- (a) of the commission of or the intention of any other person to commit any offence punishable under the Penal Code or any other written law; or
- (b) of any sudden or unnatural death or death by violence or of any death under suspicious circumstances, or of the body of any person being found dead without its being known how that person came by death,

shall in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer or the nearest penghulu of the commission or intention or of the sudden, unnatural or violent death or of the finding of the dead body, as the case may be.

(2) If any person discovers any dead body and he has reason to believe that the deceased met with his death through an unlawful act or omission he shall not remove or in any way alter the position of the body except so far as is necessary for its safety.

MEDICOLEGAL DEATH CASES

Medicolegal death cases are those that are reportable to the police under Chapter XXXII of the Criminal Procedure Code (Act 593).

- A sudden unexpected death (regardless of the age) occurring in the course of natural causes (such as age and disease / illness) and its complications, and is deemed not suspicious with no elements of foul play (e.g. myocardial infarction, spontaneous subarachnoid haemorrhage etc).
- A sudden or unusual death, resulting from the acts of violence by another person or animal.
- A death that is suspected to be done by one-self.
- A death of a person raising a reasonable suspicion that some other person has committed an offence.
- Deaths in the workplace due to accidents or poisoning.
- Deaths due to poisoning (e.g. alcohol intoxication, coal gas, pesticides, illicit substances etc).
- Iatrogenic death (e.g. death due to negligence of hospital / clinic personnel and staffs such as negligence during medical procedures, handling equipment, medicine, treatment and so on).
- Cases of death involving police detainees, remand detainees, and prisoners in detention camps.
- Deaths in custody / psychiatric hospital or wards.
- Deaths due to firearm or explosion.
- Drowning
- Deaths related to adverse effect of drugs / pharmaceutical agents etc
- Heat stroke / heat-related or environmental-related deaths
- Deaths related to accidents eg vehicular or transportation mishap/crash, aviation, fall, electrocution, etc

NB: The above list is not exhaustive.

SECTION 329 – 332 OF CRIMINAL PROCEDURE CODE (ACT 593)**Duty of police officer to investigate death**

329. (1) Every officer in charge of a police station on receiving information—

- (a) that a person has committed suicide;
- (b) that a person has been killed by another, or by an animal, or by machinery, or by an accident;
- (c) that a person has died under circumstances raising a reasonable suspicion that some other person has committed an offence;
- (d) that the body of a dead person has been found, and it is not known how he came by his death; or
- (e) that a person has died a sudden death,

shall with the least practical delay transmit such information to the Officer in charge of the Police District.

(2) On receipt of the information the Officer in charge of the Police District or some other police officer acting under his directions and being either the officer in charge of a police station or a police officer not below the rank of sergeant shall immediately proceed to the place where the body of the deceased person is and there shall make an investigation and draw up report of the apparent cause of death, describing the wounds, fractures, bruises and other marks of injury as may be found on the body, and such marks, objects and circumstances as, in his opinion, may relate to the cause of death or the person, if any, who caused the death, and stating in what manner or by what weapon or instrument, if any, the marks appear to have been inflicted.

(3) Every police officer making an investigation under this section into the cause of any death, may exercise any or all of the special powers in relation to police investigations in seizable cases conferred on the police officer by Chapter XIII and sections 112, 113 and 114 shall apply to statements made by persons examined in the course of the investigation.

(4) The report shall be signed by the police officer by whom it was drawn up, and where the report was not drawn up by the Officer in charge of the Police District it shall immediately be forwarded to him.

(5) The Officer in charge of the Police District shall immediately forward that report to the Magistrate within the local limits of whose jurisdiction the body of the deceased was found.

(6) When the information given under subsection (1) is of such a nature that, though it affords reasonable ground for believing that a death has occurred, it is unlikely that the body of such deceased person can be found owing to its destruction by fire or otherwise or to the fact that the body is lying in a place from which it cannot be recovered, the officer referred to in subsection (2) shall nevertheless make an investigation and draw up a report, and forward the report to the nearest Magistrate who shall proceed in reference to the report as in the case of a report forwarded under subsection (5).

Duty of officer to arrange for post-mortem examination in certain cases

330. Every officer making an investigation under section 329 shall if there appears to him any reason to suspect that the deceased came by his death in a sudden or unnatural manner or by violence or that his death resulted in any way from or was accelerated by any unlawful act or omission on the part of any other person, at once inform the nearest *Government Medical Officer and, unless it appears to him that the body should be viewed by a Magistrate *in situ*, shall take or send the body to the nearest Government hospital or other convenient place for the holding of a post-mortem examination of the body by a Government Medical Officer:

*NOTE—Medical Officers of the Armed Forces to be regarded as Government Medical Officers, for the purpose of inquiries into deaths and evidence under the Criminal Procedure Code—*see* L.N. 198/1952.

Provided that if that officer is satisfied as to the cause of death and that the deceased came by his death by accident he may order the body to be buried immediately.

Post-mortem examination of body

331. (1) Upon receiving the information referred to in section 330 a Government Medical Officer shall, as soon as practicable, make a post-mortem examination of the body of the deceased.

(2) The Medical Officer, if it is necessary in order to ascertain the cause of death, shall extend the examination to the dissection of the body and an analysis of any portion of it, and may cause any portion of it to be transmitted to the Institute for Medical Research.

Report of Government Medical Officer

332. (1) The Medical Officer making any such examination shall draw up a report of the appearance of the body and of the conclusions which he draws from it, and shall certify as to the cause of death and shall date and sign the report and transmit it to the Officer in charge of the Police District who shall attach it to the report forwarded under subsection 329(5).

(2) The report of the Medical Officer and also the report of an officer of the Institute for Medical Research on anything transmitted to him under subsection 331(2) shall be admissible as evidence and shall be *prima facie* evidence of the facts stated in it at any inquiry held under this Chapter.

RECOMMENDED FORMAT FOR BODY IDENTIFICATION TAGS

Minimum details required on the body tag:

- 1) Name of the deceased
- 2) Identification number
- 3) Biohazard status
- 4) Medicolegal (police) or non-medicolegal (non-police) case
- 5) Colour-coded tag, if applicable i.e. red for medicolegal (police) case, white for non-medicolegal (non-police) case

WHITE BODY IDENTIFICATION TAG FOR NON-POLICE (NON-MEDICOLEGAL) CASE

TAG PENGENALAN MAYAT KES BIASA/ BUKAN KES POLIS		BORANG:HK! FOR/98-01B		
WAD:	TEL:			
NAMA:	KPT:	RN:		
UMUR:	JANTINA:	KETURUNAN:		
AGAMA:				
ALAMAT:				
TARIKH DAN WAKTU DIDAFAR MASUK:@.....		DOKTOR:		
TARIKH DAN WAKTU KEMATIAN:@.....				
SEBAB-SEBAB KEMATIAN:				
NAMA WARIS:	ALAMAT:			
TEL:				
POLIS YANG DIHUBUNGI:	NO/PANGKAT:	BALAI:		
WARIS TELAH DIHUBUNGI: YA/TIDAK:		BEDAHSIASAT KLINIKAL: YA/TIDAK		
TARIKH DAN WAKTU DIHUBUNGI:@.....		OLEH:		
<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">BIOHAZARD</td> <td style="padding: 5px;">YA / TIDAK</td> </tr> </table>		BIOHAZARD	YA / TIDAK	T/T:
BIOHAZARD	YA / TIDAK			

Courtesy of Department of Forensic Medicine, Kuala Lumpur Hospital

RED BODY IDENTIFICATION TAG FOR POLICE (MEDICOLEGAL) CASE

BORANG : HKL/FOR/98-01A
P..... / (KEGUNAAN FORENSIK)

**TAG PENGENALAN MAYAT
KES POLIS**

WAD : TEL :

NAMA : KPT : RN :

UMUR : JANTINA : KETURUNAN : AGAMA :

ALAMAT :

TARIKH DAN WAKTU DIDAFETAR MASUK : @..... DOKTOR :

TARIKH DAN WAKTU KEMATIAN : @.....

JENIS KES POLIS : KES B.I.D.: YA/ TIDAK

NAMA WARIS : ALAMAT :
..... TEL :

POLIS YANG DIHUBUNGI: NO : BALAI :

DIHUBUNGI OLEH : S/R, S/N, M.A : TARIKH : @.....

WARIS SI MATI TELAH DIHUBUNGI: YA / TIDAK

T/T :

PSSB.K.L.
TARIKH DAN MASA DAFTAR MASUK ED: @.....

Courtesy of Department of Forensic Medicine, Kuala Lumpur Hospital

Pol 61 (Borang Permintaan Pemeriksaan Mayat, Polis 61 Pindaan 4/86)

(Polis 61—Pindaan 4/86)

POLIS DIRAJA MALAYSIA

PERMINTAAN PEMERIKSAAN MAYAT

Daerah.....
Bil.....
Tarikh.....

Kepada DOKTOR PENJAGA PEMBEDAHAN,
Hospital.....

1. Sila buat pemeriksaan mayat dalam kes yang berikut dan sahkan sebab-sebab kematiannya:

Nama si mati.....
Keturunan..... Jantina..... Anggaran Umur.....

Mayat ini dihantarkan di dalam jagaan eskot:
No..... Pangkat..... Nama.....
Mayat ini berada di.....
(Potong mana-mana yang tidak bersesuaian)

Sebab-sebab kematian dan butir ringkas:
.....
.....
.....
.....
.....
.....
.....

2a. Tuan Pengadil akan melihat mayat ini dan berkuasa menanamnya.
2b. Tuan Pengadil tidak akan melihat mayat ini dan tuan diberi kuasa menanamnya ataupun menyerahkan kepada saudara/rakannya selepas pemeriksaan itu.
(Potong yang tidak dikehendaki)

.....
..... **Polis.**

PNMB—JB.

Types of Cases that MUST be done by / referred to / consulted with Forensic Pathologist (FP)

A) Types of cases that must be done by FP

B) Types of cases that can be done by a medical officer (MO) after discussion with a FP

A) Types of cases that must be done by FP

1. All homicidal deaths.
2. All high profile deaths including public figures.
3. Complex suicidal deaths e.g. cases involving more than 1 individual in the same location/event, cases in which circumstances of death are questioned by the family members.
4. All firearm or explosion related deaths regardless of the manner.
5. Sudden maternal deaths except for deaths that appear to be fortuitous with no element of suspicion.
6. Suspicious paediatric deaths including those involving neglect and abuse. For example, a child that is found dead after being left in an enclosed car alone or due to starvation.
7. Sudden deaths that are suspected to be related to hypersensitivity.
8. Fatal adverse events following immunization (AEFI).
9. Aviation mishaps: fixed-wing and rotary aircraft.
10. Scuba-related deaths.
11. Deaths related to extreme sports eg glider, hot air balloon crash and failed parachute crash.
12. Deaths due to complex land transportation mishap.
13. Death due to unwitnessed or suspected lightning strike.
14. Death due to conducting energy devices (e.g. taser) and electric fence electrocution.
15. Sudden death of national service trainees.
16. Sudden death of police/military recruits in suspicious or unusual circumstances.

17. Suicidal deaths involving medical practitioners and police/military personnel.
18. Iatrogenic deaths or deaths due to suspected medical negligence.
19. Deaths in custody in relation to lockup, during transportation and in the process of being apprehended. Any other deaths in custody with the presence of suspicious injuries and unnatural deaths in psychiatric wards.
20. Cases of abandoned newborn/foetus.
21. Autoerotic deaths.
22. Sudden deaths of school students within the school compound or during organized school sports activities.
23. Biohazard cases arising from novel pathogens.
24. Deaths related to heat stroke and hypothermia.
25. Sudden deaths related to food poisoning outbreak.
26. Complicated occupational deaths e.g. environmental asphyxia, landslides.
27. Exhumation cases.
28. Second autopsy cases.
29. Skeletal remains.

B) Types of cases that can be done by a medical officer (MO) after discussion with a FP

1. Next of kin skepticism on circumstances of death.
2. Decomposed bodies.
3. Suspicion of medical negligence as deaths occur relatively soon after having come into contact with medical practitioners e.g. BID after being treated and discharged by the Emergency Department.
4. Deaths involving adolescents and young adults with no underlying medical illness.
5. Sudden deaths in epileptics and asthmatics.
6. Death with suspicion of electrocution.
7. Death with unusual injuries/findings.
8. Deaths of prison inmates with no element of suspicion.
9. Paediatric death.

10. Death of a psychiatric patient.
11. Any deaths in suspicious circumstances.

NB: The above list is not exhaustive.



**HOSPITAL SULTAN IDRIS SHAH,
SERDANG, JALAN PUCHONG,
43000 KAJANG, SELANGOR**

BORANG KEBENARAN PENGENDALIAN ANGGOTA BADAN

Nama pesakit : No. pendaftaran hospital : SD.....
 No. kad pengenalan : Wad :
 Agama : Islam Bukan Islam, nyatakan : Tarikh pembedahan :

PENGAKUAN: (Sila tandakan pada kotak yang dipilih)

Saya,

Bersetuju menuntut anggota badan dalam tempoh ___ hari selepas pembedahan dilakukan.

Atau

Tidak akan menuntut anggota badan tersebut.

Pihak Jabatan Perubatan Forensik Hospital Serdang berhak melupuskan anggota badan sekiranya tidak dituntut dalam tempoh ___ hari selepas pembedahan.

.....
Tanda tangan pesakit / waris¹

.....
Tanda tangan saksi²

Nama : Nama :
 No. kad pengenalan : No. kad pengenalan :
 Tarikh : Tarikh :
 No. telefon : No. telefon :
 Tali persaudaraan :

Peringatan : Borang ini hendaklah disertakan semasa penyerahan anggota badan kepada kakitangan Jab. Perubatan Forensik.

1: Jika waris sila isi hubungan tali persaudaraan 2: Saksi adalah kakitangan hospital atau waris.

UNTUK KEGUNAAN JABATAN PERUBATAN FORENSIK

Tarikh penerimaan : Tarikh tuntutan:
 Bahagian anggota badan: Nama penuntut :

(Potong disini untuk digunakan sebagai label pada anggota badan pesakit yang telah dibedah)

LABEL ANGGOTA BADAN

Nama :

No. pendaftaran hospital : SD.....

Bahagian anggota badan :

Tarikh pembedahan :.....

Islam

Bukan Islam

Courtesy of Department of Forensic Medicine, Sultan Idris Shah Hospital, Serdang

PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988 (ACT 342)**Order for examination of corpse**

16. Whenever an authorized officer suspects that a person has died of an infectious disease, he may order the corpse to be conveyed to such place as he may appoint for such examination as he may consider necessary.

Disposal of the dead

17. (1) Where—

- (a) a person has died or is suspected to have died of an infectious disease; and
- (b) an authorized officer has given directions as to the manner in which the corpse of such person is to be buried or cremated,

no person shall bury or cremate such corpse otherwise than in accordance with the directions of the authorized officer.

(2) Any person who contravenes subsection (1) commits an offence.

DESTRUCTION OF DISEASE-BEARING INSECTS ACT 1975 (ACT 154)**Medical examination of persons suspected of being infected with insect-borne disease**

10. (1) The Director General or a Medical Officer of Health may—

- (a) medically examine any person suspected or likely to be infected with insect-borne disease for the purpose of ascertaining whether such person is suffering from, or has recently suffered from, or is a carrier of, any insect-borne disease, or whether such person has been recently exposed to infection by any such disease, including the examination of his blood, urine and stool;
- (b) medically treat or isolate any person who is suffering from any insect-borne disease or to do both; and
- (c) cause a post-mortem examination to be made on any corpse where the death is suspected to have been caused by any insect-borne disease.

(2) Any person who refuses, fails or neglects to submit for examination, treatment or isolation under paragraph (1)(a) or (b) or any person having the custody of any corpse who refuses or obstructs the post-mortem of the corpse under paragraph (c) of that subsection shall be guilty of an offence under this Act and shall be liable on conviction to a fine not exceeding two thousand ringgit.

Power to require information and examine persons

10A. (1) The Director General, a Medical Officer of Health or an inspector making an investigation and examination under this Part shall have the power to require information, whether orally or in writing, from any person acquainted with the facts and circumstances of the matter under investigation.

(2) Any person who, on being required by the Director General, a Medical Officer of Health or an inspector to give information under this section, refuses to comply with such requirement or furnishes as true any information which he knows or has reason to believe to be false, untrue or incorrect, in whole or in part, shall be guilty of an offence.

(3) If any information furnished under subsection (2) is proved to be false, untrue or incorrect, in whole or in part, it shall be no defence to allege that such information or any part thereof was misinterpreted or furnished inadvertently or without criminal or fraudulent intent.

(4) The Director General, a Medical Officer of Health or an inspector making an investigation under this Act may exercise any or all of the powers conferred by section 111 of the Criminal Procedure Code [Act 593] and sections 112 to 114 of the Code shall apply to statements made by the persons examined in the course of such investigation.

Types of Medicolegal Specimens and Corresponding Containers

Test	Specimen	Quantity	Specimen Container	Designated Laboratory
Histopathology	Specific organ	Specific tissue area / whole organ	Container to be filled with formalin 10%	Pathology Laboratory in MOH Hospital / Forensic Medicine Laboratory
Toxicology & Alcohol Analysis	Blood	As specified by the respective laboratory	Sodium fluoride/Potassium oxalate vacutainer (grey top) or Universal bottle with sodium fluoride 0.2%	Department of Chemistry, Malaysia (JKM)
	Urine		Universal bottle with sodium fluoride 0.2%	
	Stomach content		Universal bottle	
	Vitreous humour		Bijou bottle/Universal bottle with sodium fluoride 0.2% or Sodium fluoride/Potassium oxalate vacutainer (grey top)	
	Bile		Universal bottle with sodium fluoride 0.2% / Bijou bottle	

	Brain tissue		Specimen container with or without preservative as specified by the respective laboratory	
	Liver tissue			
	Kidney tissue			
	Lung tissue for volatile organic compounds			
Deoxyribonucleic acid (DNA) analysis	Blood	As specified by the respective laboratory	FTA card to dry at room temperature prior to placing into a paper envelope or Vacutainer K2EDTA (purple top)	JKM
	Vaginal swab	As required by case	Cotton swabs are placed into plain tube / sterile specimen container	
	Anal swab			
	Bite mark swab / body swab			
Hair analysis	Head hair	As specified by the respective laboratory	Sterile specimen container	JKM
	Pubic hair			

Criminology	Bullet and / or bullet fragments	All bullets/bullet fragments from the dead body Pellets/shots (representative samples)	Sterile specimen container lined with cotton/gauze	JKM
	Gunshot residue	As specified by the respective laboratory	Gunshot residue kit	
	Clothes / personal items	All	Each is wrapped separately into an envelope / paper bag of appropriate size.	
	Nail scrapings / clippings	All	Sterile specimen container / nail scraping/clipping kit	
Entomology	Maggots	As specified by the respective laboratory	Sterile specimen container with a punctured cover (live sample) Sterile specimen container with alcohol 70% (dead sample)	IMR / Institute of Medical Molecular Biotechnology, Universiti Teknologi Mara or any relevant laboratory

NB:

The above list is not exhaustive.

Refer to Department of Chemistry Malaysia, Pathology Service MOH, IMR and other relevant laboratories on current related guidelines.

The FP/MO should consult with the respective laboratories with regard to certain uncommon specimens and tests.

JABATAN PERUBATAN FORENSIK
HOSPITAL MELAKA

BORANG PENGENDALIAN SPESIMEN MEDIKOLEGAL

No. Bedah Siasat / No. Rujukan :

No. Repot Polis :

Saya Pangkat & No. Anggota/No. KP
(Nama Pegawai Penerima)

Balai.....mengaku menerima spesimen yang disenaraikan di bawah ini,

bagi kes tersebut di atas, pada jam

A. SENARAI SPESIMEN YANG DIAMBIL

- | | |
|----------|----------|
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

B. 1. Spesimen diambil oleh :

2. Bekas spesimen dilabelkan oleh :

3. Spesimen dimeterai / seal oleh :

.....
(Tandatangan Penerima Spesimen)

.....
(Tandatangan pegawai yang menyerahkan spesimen)

Nama:

Jawatan:

Tarikh & Masa:

No. Tel / HP:

Nama:

Jawatan:

Tarikh & Masa:

Courtesy of Department of Forensic Medicine, Melaka Hospital

**BORANG PERMOHONAN BAGI PEMERIKSAAN FORENSIK / TOKSIKOLOGI
(KIMIA 15-PIN. 3/2020)**

(Kimia 15-Pin. 3/2020)



BORANG PERMOHONAN BAGI PEMERIKSAAN FORENSIK / TOKSIKOLOGI

Borang ini perlulah dilengkapkan dengan jelas oleh Pegawai Perubatan dan disertakan bersama spesimen kepada:

Cop Meterai/Seal
Keselamatan

JABATAN KIMIA MALAYSIA

*PETALING JAYA (03-79853000)/ IPOH (05-5477744)/ ALOR SETAR (04-7357001)/
PULAU PINANG (04-2228300)/ MELAKA (06-2331406)/ JOHOR BAHRU (07-2226366)/
KUANTAN (09-5662400)/ K. TERENGGANU (09-6203077)/ KOTA BHARU (09-7647632)/
KUCHING (082-313011)/ SIBU (084-213890)/ BINTULU (086-334211)/ KOTA KINABALU
(088-259090).

Bahagian 1:

a) Butiran Kes Hidup Mati Tandakan (✓) yang berkenaan

* Bulatkan yang berkenaan

Nama (HURUF BESAR): _____	
No.Kad Pengenalan/ Passpot/ Surat Beranak: _____	
No. Pendaftaran Hospital: _____	Jantina: *Lelaki/Perempuan
No. Autopsi: _____	Umur: _____
Pekerjaan: _____	Warganegara: _____
Tarikh dan masa kemasukan: _____ a.m./p.m. pada: _____	
Tarikh dan masa kematian: _____ a.m./p.m. pada: _____	
Balai Polis: _____	No. Repot Polis: _____

b) Keadaan Kes: *Makan racun atau ubat/jatuh dari bangunan/kemalangan jalanraya/
gantung diri/mati mengejut/mati lemas/jasad reput

Lain-lain: _____

c) Bawah pengawasan pegawai perubatan: *Ya/Tidak

Jika ada, apakah rawatan yang diberikan (termasuk ubatan): _____

d) Pemandahan darah dijalankan semasa pengawasan/sebelum kematian: *Ya/Tidak/Tidak diketahui

Nota: Analisis toksikologi tidak akan memberi apa-apa makna sekiranya spesimen darah diambil selepas proses pemandahan darah.

(Kimia 15-Pin. 3/2020)

Bahagian 2:

a) Butiran Spesimen

Spesimen	Tandaan	Masa dan Tarikh diambil	Analisis diperlukan
Darah			<input type="checkbox"/> Alkohol
Air Kencing			<input type="checkbox"/> Racun makhluk perosak
Kandungan Perut			<input type="checkbox"/> Dadah
Cucian Perut/ Muntah			<input type="checkbox"/> Bahan Kakisan / Asid
Hempedu (bile)			<input type="checkbox"/> Gas karbon monoksida
Lain-lain (sila nyatakan) :			<input type="checkbox"/> Logam
			<input type="checkbox"/> Bahan Pelarut
			<input type="checkbox"/> Lain-lain (nyatakan)

		Ya	Tidak
Bahan Pengawet Sodium Fluoride digunakan:	Darah	<input type="checkbox"/>	<input type="checkbox"/>
	Air Kencing	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant: (Hanya dalam darah)	Sodium Oxalate	<input type="checkbox"/>	<input type="checkbox"/>
	Sodium Citrate	<input type="checkbox"/>	<input type="checkbox"/>
	Lain-lain(sila nyatakan)	_____	

b) Simptom _____

c) Hal-hal berkaitan (yang difikirkan perlu dinyatakan seperti jenis racun disyaki)

d) Verifikasi status kes berkaitan COVID-19 :
 Tandakan (√) yang berkenaan

Positif Covid19	<input type="checkbox"/>	Negatif Covid19	<input type="checkbox"/>
Tidak Berkaitan	<input type="checkbox"/>		

e) Lain-Lain virus yang dikesan, Sila Nyatakan (cth:HIV, Hepatitis, etc) : _____

Tandatangan: _____ Tarikh: _____

Nama Pegawai Perubatan: _____

Jawatan: _____

Hospital: _____

Telefon: _____

(Kimia 15-Pin. 3/2020)

GARIS PANDUAN

(Sila hubungi Jabatan Kimia Malaysia yang berhampiran bagi mendapatkan khidmat nasihat atau layari laman web di www.kimia.gov.my)

SPESIMEN UNTUK ANALISIS BAGI KES TOKSIKOLOGI

1. SPESIMEN YANG SESUAI

Spesimen	Kuantiti
Darah	10 mL (ante-mortem) 25 ml (peripheral-post mortem)
Air Kencing	25 ml
Vitreous Humor	semua
Cucian Perut/Muntah	semua
Kandungan Perut	semua
Hempedu (jika perlu)	semua
Otak (jika perlu)	100 gm
Hati (jika perlu)	100 gm
Buah pinggang (jika perlu)	50 gm

- i) Dalam kes post-mortem di mana mayat dalam keadaan 'putrefied' adalah dinasihatkan mengambil darah, air kencing dan vitreous humor untuk analisis alkohol.
- ii) Spesimen darah sepatutnya diambil dari "cubital fossa, femoral or other peripheral vein". Dalam kes post-mortem pengambilan spesimen darah dari jantung, 'abdominal or thoracic cavities' tidak digalakkan.

2. BEKAS UNTUK SPESIMEN DAN BAHAN PENGAWET

- i) Spesimen darah dan air kencing hendaklah diisi ke dalam tiub/botol/bekas plastik yang mengandungi sodium fluoride (bahan pengawet) dalam kepekatan sekurang-kurangnya 1-2%.
- ii) Spesimen darah (ante-mortem), mesti mengandungi anticoagulant sodium oxalate/citrate dalam kepekatan 0.5% bagi menghalang proses pembekuan (clotting).
- iii) Spesimen organ dan tisu hendaklah diisi ke dalam botol/bekas kaca yang sesuai
- iv) Jangan gunakan Formalin sebagai bahan pengawet untuk specimen organ dan tisu. Sila gunakan Saturated Saline.
- v) Pastikan bekas untuk specimen tiada kebocoran.

3. PERLABELAN

Bekas spesimen sekurang-kurangnya mempunyai keterangan/label seperti berikut:

- i) Nama:
- ii) Spesimen:
- iii) No.Pendaftaran Hospital
- iv) Masa dan tarikh diambil
- v) No.Repot Polis (jika berkaitan)
- vi) Bahan Pengawet: Ada/Tiada

4. METERAI

Bekas mesti dimeterai dengan terang.

5. ANTISEPTIK

Alkohol tidak boleh digunakan untuk tujuan pencucian kulit pesakit semasa spesimen darah diambil. Gunakan antiseptik yang sesuai.

6. PENGHANTARAN

- i) Semua spesimen untuk analisis mesti diserahkan bersama Borang Kimia 15 yang telah diisikan oleh Pegawai Perubatan.
- ii) Borang mesti disimpan berasingan dari spesimen.
- iii) Jika kes polis, spesimen dan borang Kimia 15 mesti diserahkan oleh pihak polis bersama borang Polis 31.
- iv) Spesimen mesti diserahkan untuk analisis dengan segera.
- v) Sekiranya berlaku kelewatan spesimen mesti disimpan dalam peti sejuk.

SPESIMEN BAGI UJIAN DNA

- i) Spesimen darah cecair hendaklah dipungut dalam tiub/botol yang mengandungi EDTA. Jangan tambah bahan pengawet seperti Sodium Fluoride.
- ii) Sekiranya terdapat kad FTA, kad tersebut harus digunakan untuk pungutan darah. Darah pada kad FTA hendaklah dibiarkan kering pada suhu bilik dan dilabelkan dengan lengkap seperti yang diterangkan diperenggan 3.
- iii) Tisu, tulang, rambut dan kuku hendaklah diletakkan di dalam bekas kering yang telah di seterilkan tanpa diisi sebarang pengawet seperti Formalin.
- iv) Swab dari bahagian "Vaginal, Anal and Rectal" hendaklah menggunakan putik kapas yang di seteril dan diletakkan di dalam tiub tanpa sebarang reagen atau additif

**BORANG KEMENTERIAN KESIHATAN MALAYSIA PERKHIDMATAN PATOLOGI
(PER-PAT 301)**



KEMENTERIAN KESIHATAN MALAYSIA
PERKHIDMATAN PATOLOGI

HOSPITAL TENGKU AMPUAN AFZAN
KUANTAN

(PER-PAT 301)

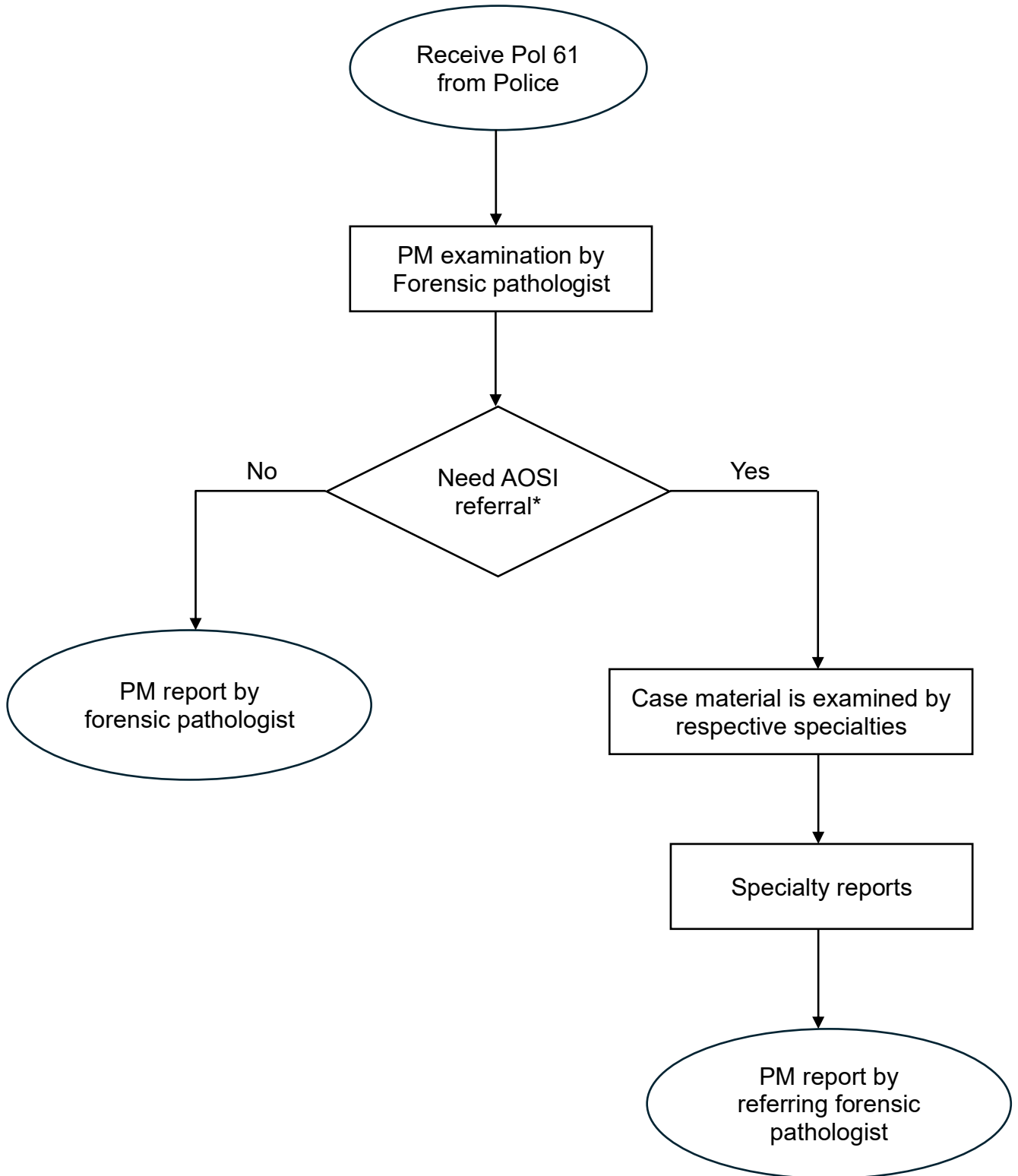
UNTUK KEGUNAAN MAKMAL

LAB No.

1. Nama:		2. No. Pendaftaran:																																																				
3. No. K/P:		4. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan																																																				
5. Umur:	6. Keturunan:	7. Wad/Klinik:																																																				
8. Tarikh Masuk Wad	9. Pekerjaan:	10. Taraf Perkahwinan:	11. <input type="checkbox"/> Bayar <input type="checkbox"/> Percuma																																																			
12. No. Laporan Dahulu:		13. Butiran Penting																																																				
14. Ringkasan Klinikal, Penemuan Pembedahan dan Riwayat Keluarga:		<table border="0"> <tr> <td></td> <td align="center">Ya</td> <td align="center">Tidak</td> </tr> <tr> <td>Jaundice</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Lymphadenopathy</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Hepatomegaly</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Splenomegaly</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Bleeding Tendency</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>H/O Transfusion</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Haematinics</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Drug/Chemical History</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Data Makmal Terdahulu</td> <td></td> <td></td> </tr> <tr> <td>Hb.....</td> <td></td> <td></td> </tr> <tr> <td>Platelet.....</td> <td></td> <td></td> </tr> <tr> <td>TWDC.....</td> <td></td> <td></td> </tr> </table>			Ya	Tidak	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>	Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Tendency	<input type="checkbox"/>	<input type="checkbox"/>	H/O Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	Haematinics			Drug/Chemical History					Data Makmal Terdahulu			Hb.....			Platelet.....			TWDC.....		
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18. Nama Doktor:																																																						
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Tandatangan dan Cop Doktor																																																						

LAPORAN 'SILA LIHAT SEBELAH'

GENERAL WORKFLOW FOR REFERRAL FOR AREAS OF SPECIAL INTEREST (AOSI) IN FORENSIC PATHOLOGY SPECIALTY



*This does not include consultation



**JABATAN PERUBATAN FORENSIK
HOSPITAL TENGGU AMPUAN AFZAN
KUANTAN, PAHANG DARUL MAKMUR**
Tel : 09-5572232 / 2285 , Fax : 09-5157797

Draft of Post Mortem Examination

Police Report No.: Autopsy No.:

Brought in Dead: Yes Hospital Registration No:

No Ward:

Name of the Deceased:

Identity Card / Passport No: Nationality:

Race: Malay Chinese Indian Others (specify):

Age: Sex: Male Female Undetermined

Date and time of arrival : @

Date and time of pronounced death: @

Date and time Start : @

of autopsy Finish : @

Place of autopsy :

Autopsy performed by :

Assisted by:

IO in charge:

1. Medical Officer : Rank:

2. Asst. Medical Off. Contact No.

3. PPK : Photographer

Body identified by :

1. Police Personnel: ID. No:

Police station: Signature:

2. Next of kin: Relationship:

ID No: Signature:

Contact No: Address:

Police report no:
Autopsy no. :

HISTORY

Date and time body discovered: @

SAMPLE ONLY

CLOTHING AND PERSONAL EFFECTS

Police report no:
Autopsy no. :

EXTERNAL EXAMINATION

Height :

Weight :

Build :

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m}^2\text{)}} =$$

Underweight	= < 18.5
Normal weight	= 18.5 – 24.9
Overweight	= 25 – 29.9
Obesity	= BMI 30 or >

Hygiene :

Tattoos, Scars etc :

Hair :

Eyes (colour, pupils, conjunctiva):

Nose :

Mouth :

Teeth :

Ears :

Hands / fingernails:

Feet / toenails :

External genitalia :

Anus :

Rectal temperature :

Rigor mortis :

Hypostasis :

SAMPLE ONLY

Police report no:
Autopsy no. :

MARKS OF INJURY

SAMPLE ONLY

Police report no:	
Autopsy no. :	

INTERNAL EXAMINATION

Head

Scalp :

Skull :

Meninges :

Brain : Weight :

Mouth, throat and neck structures

Tongue :

Thyroid :

Larynx :

Carotids :

Cervical muscles :

Cervical spine :

Police report no:
Autopsy no. :

Chest

Rib cage :

Pleural cavities :

Thymus :

Oesophagus :

Trachea and air passages :

Lungs :	<u>Weight</u> <u>Right lung</u>	<u>Left lung</u>

Pulmonary arteries :

Pericardium :

Heart :	<u>Weight</u>	Normal Value: Adult male: 0.45% of body wt Adult female: 0.4% of body wt
---------	------------------------	--

Coronary arteries :

Cardiac valves :

Myocardium :

SAMPLE ONLY

Police report no:

Autopsy no. :

Abdomen

Peritoneum :

Stomach :

Intestines :

Colon :

Rectum :

Mesentric nodes :

Liver :

Weight :

Biliary system :

Pancreas :

Spleen :

Weight :

Adrenal glands :

Kidneys :

Weight :Right kidneyLeft kidney

.....

.....

Ureters :

Bladder :

Reproductive system :

Aorta / IVC :

Skeletal systems

Police report no:	
Autopsy no. :	

LABORATORY INVESTIGATIONS

A. Specimens taken and handed over to the police (if available):

B. Specimens taken for HPE (if available):

SAMPLE ONLY

C. Other laboratory tests:

Police report no:

Autopsy no. :

SUMMARY AND CONCLUSIONS

CAUSE OF DEATH

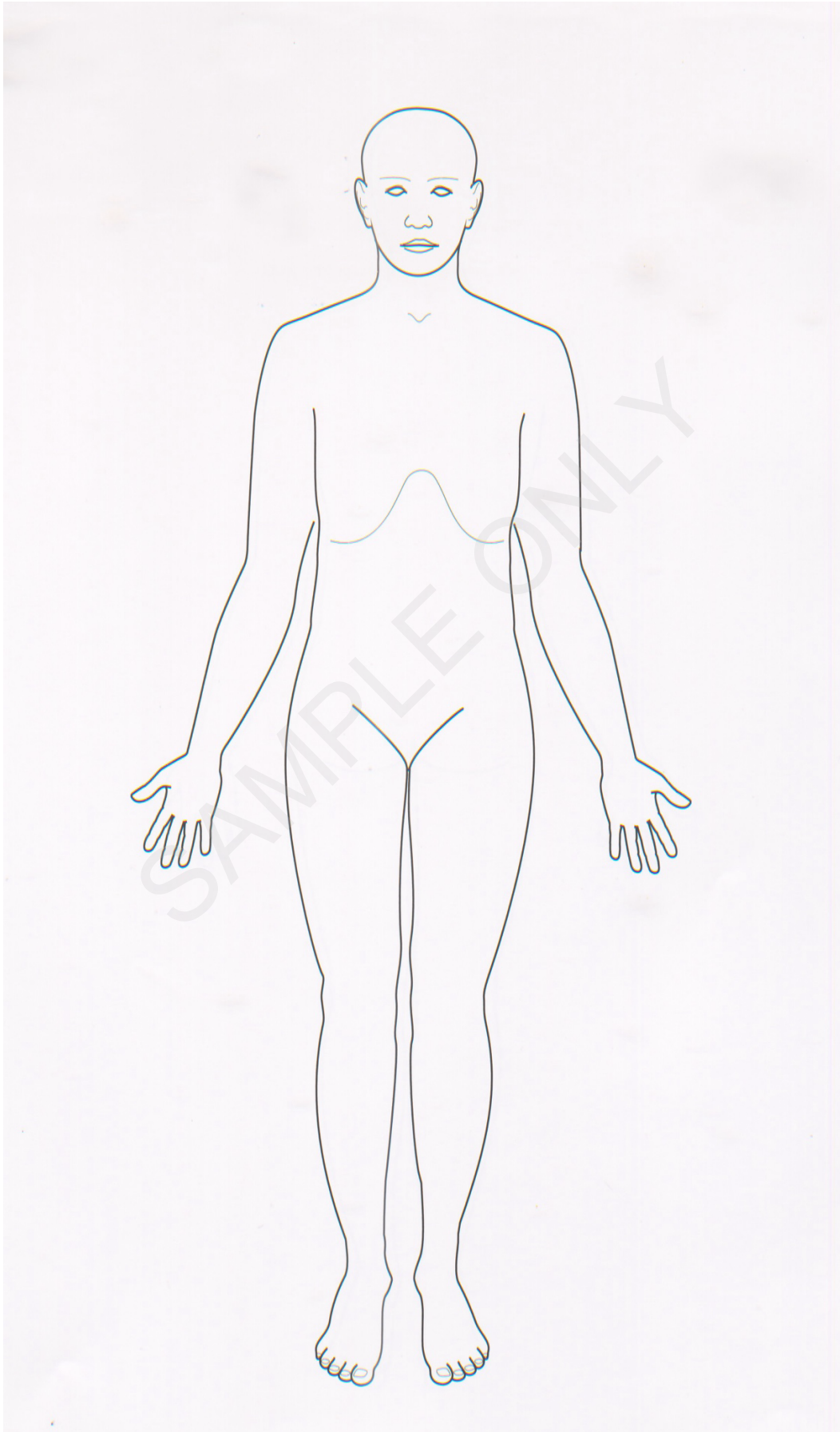
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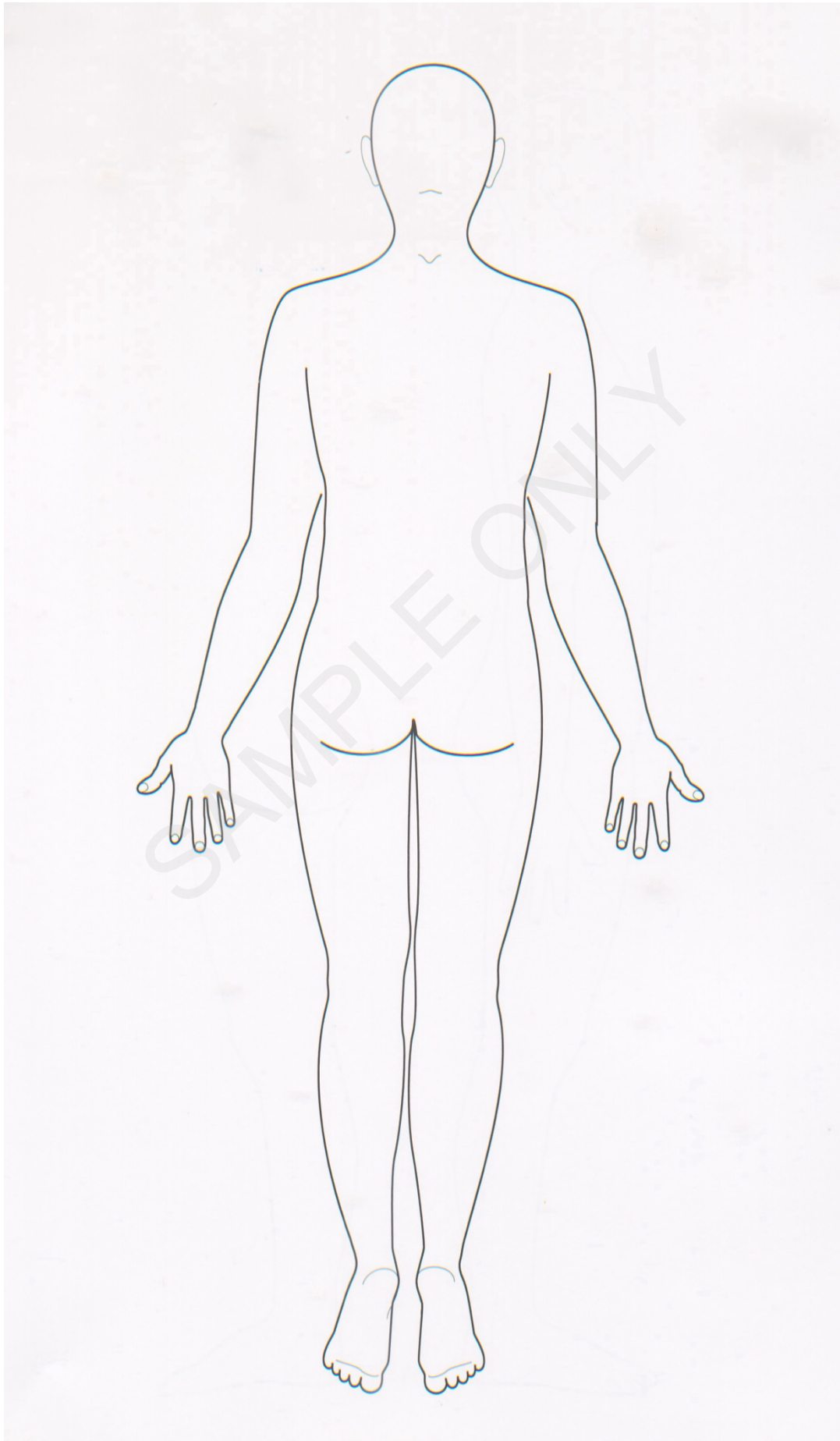
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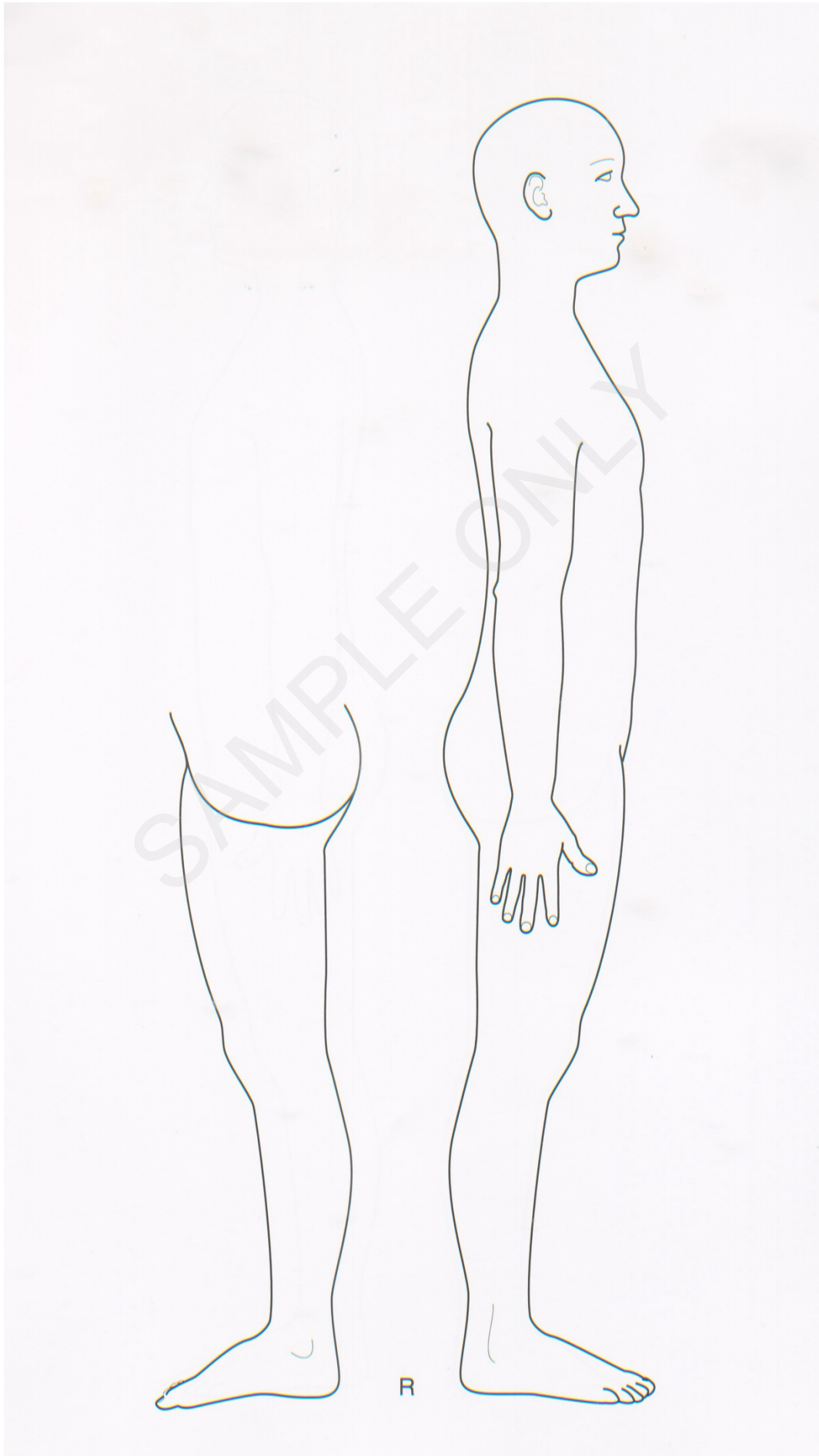
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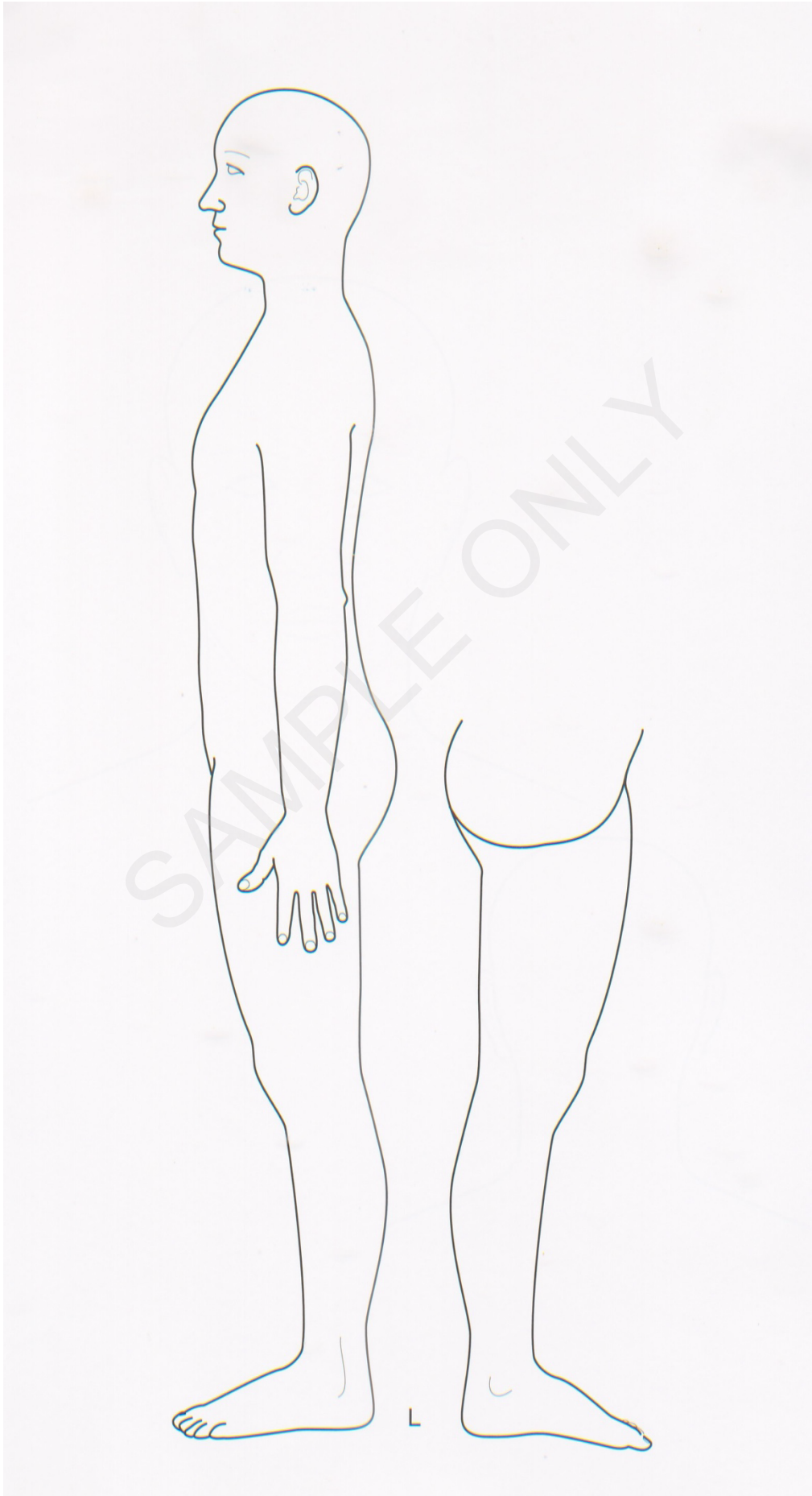
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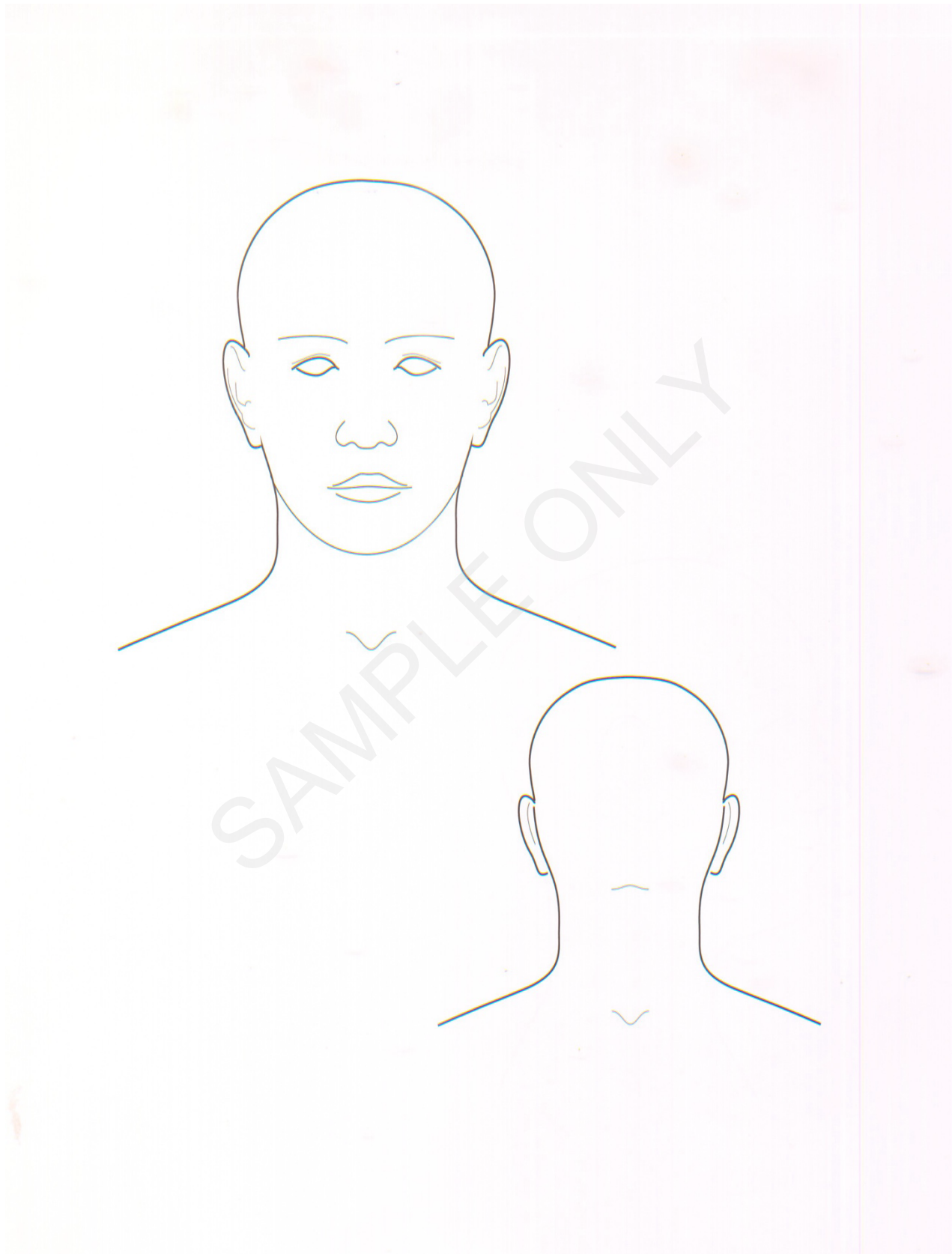
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Qualification:
Hospital:
MMC No:

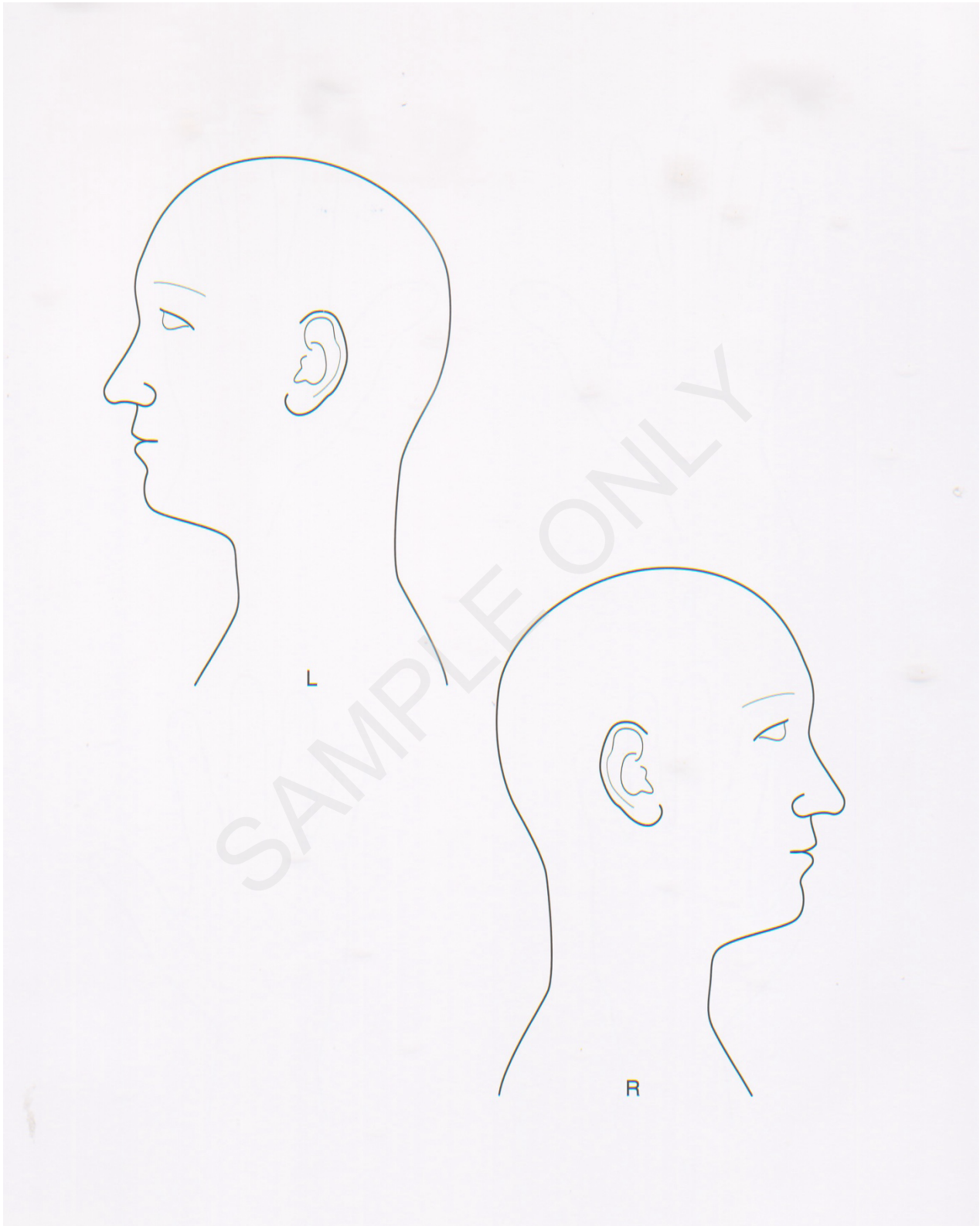


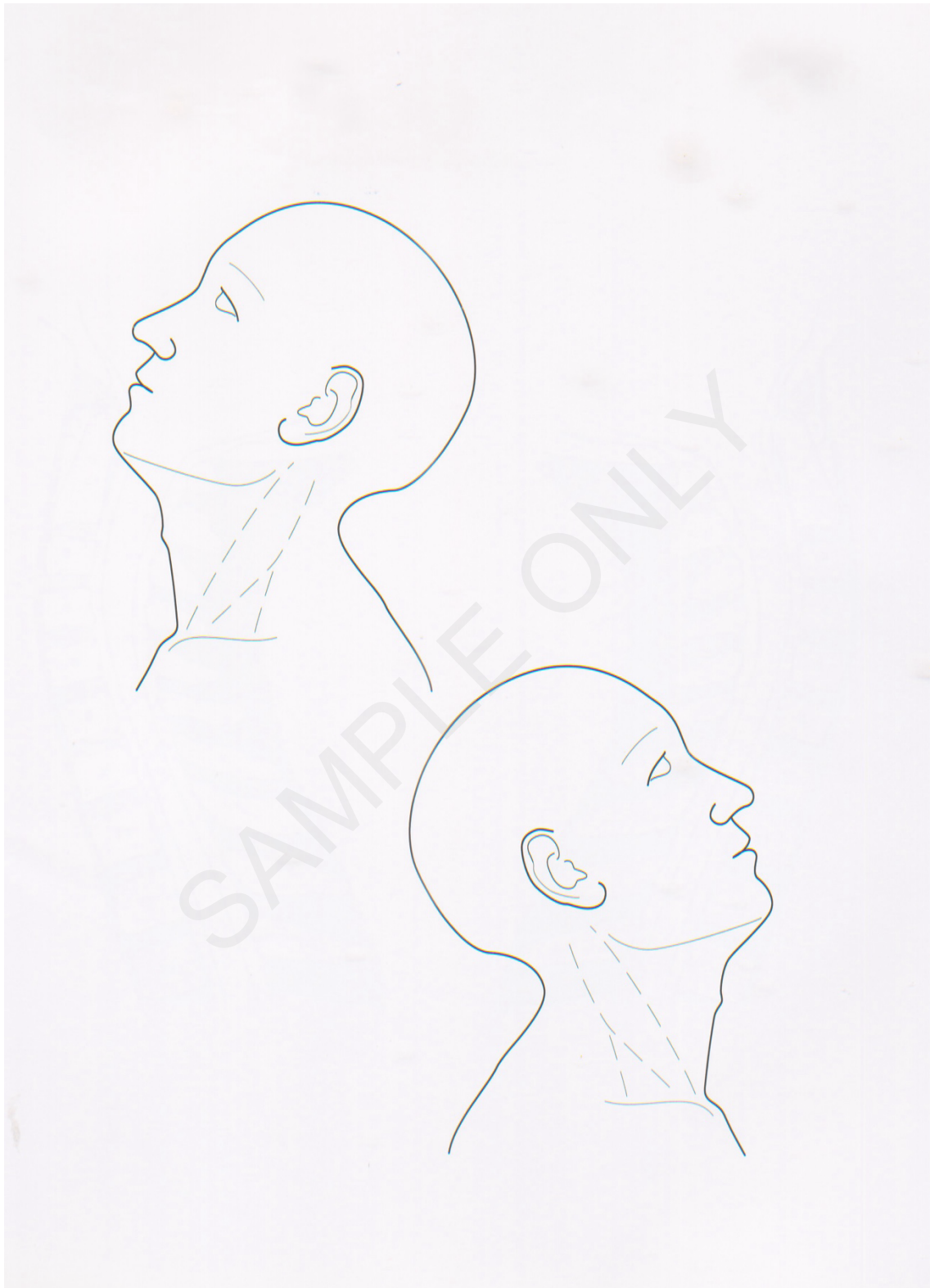




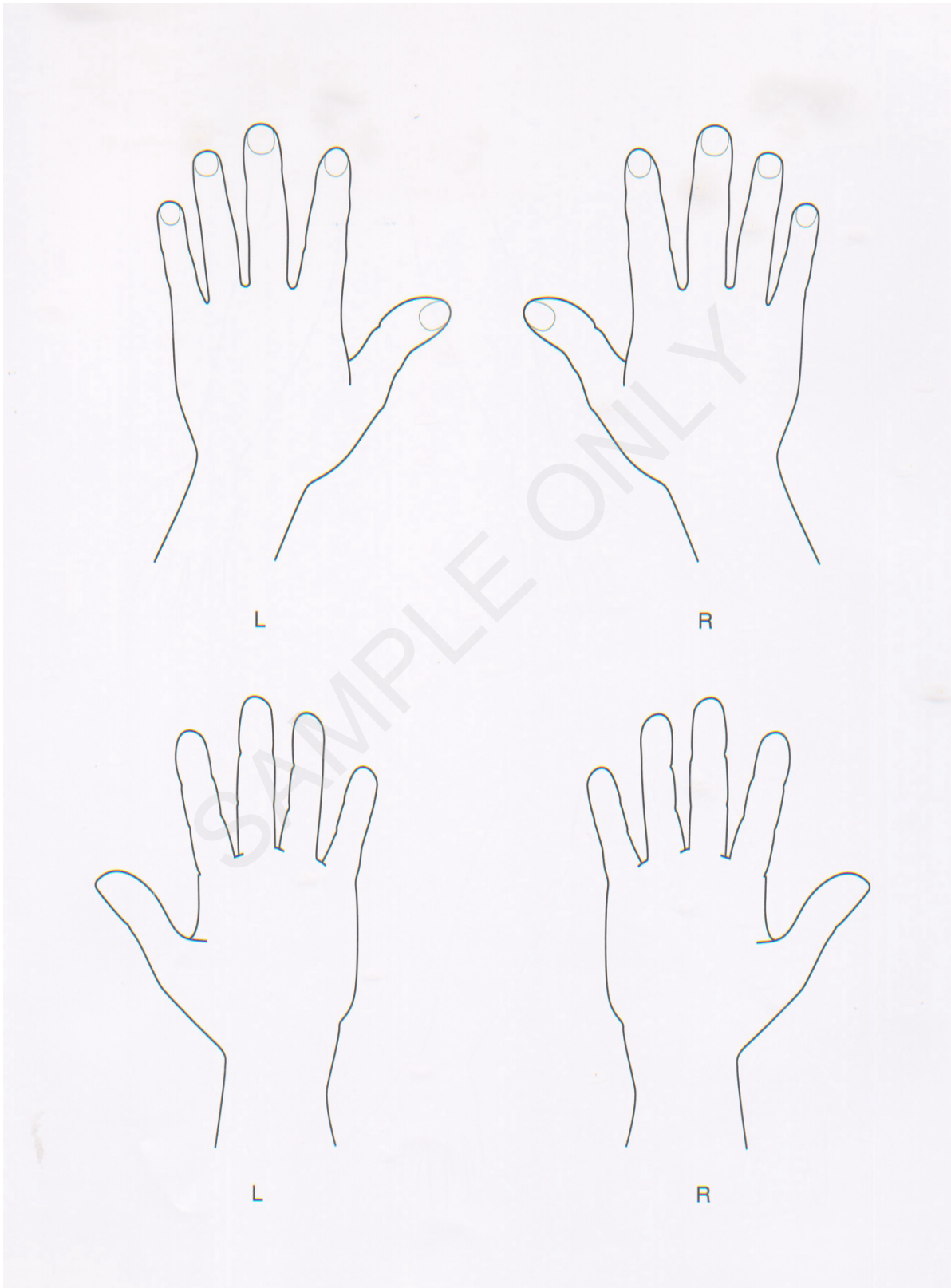


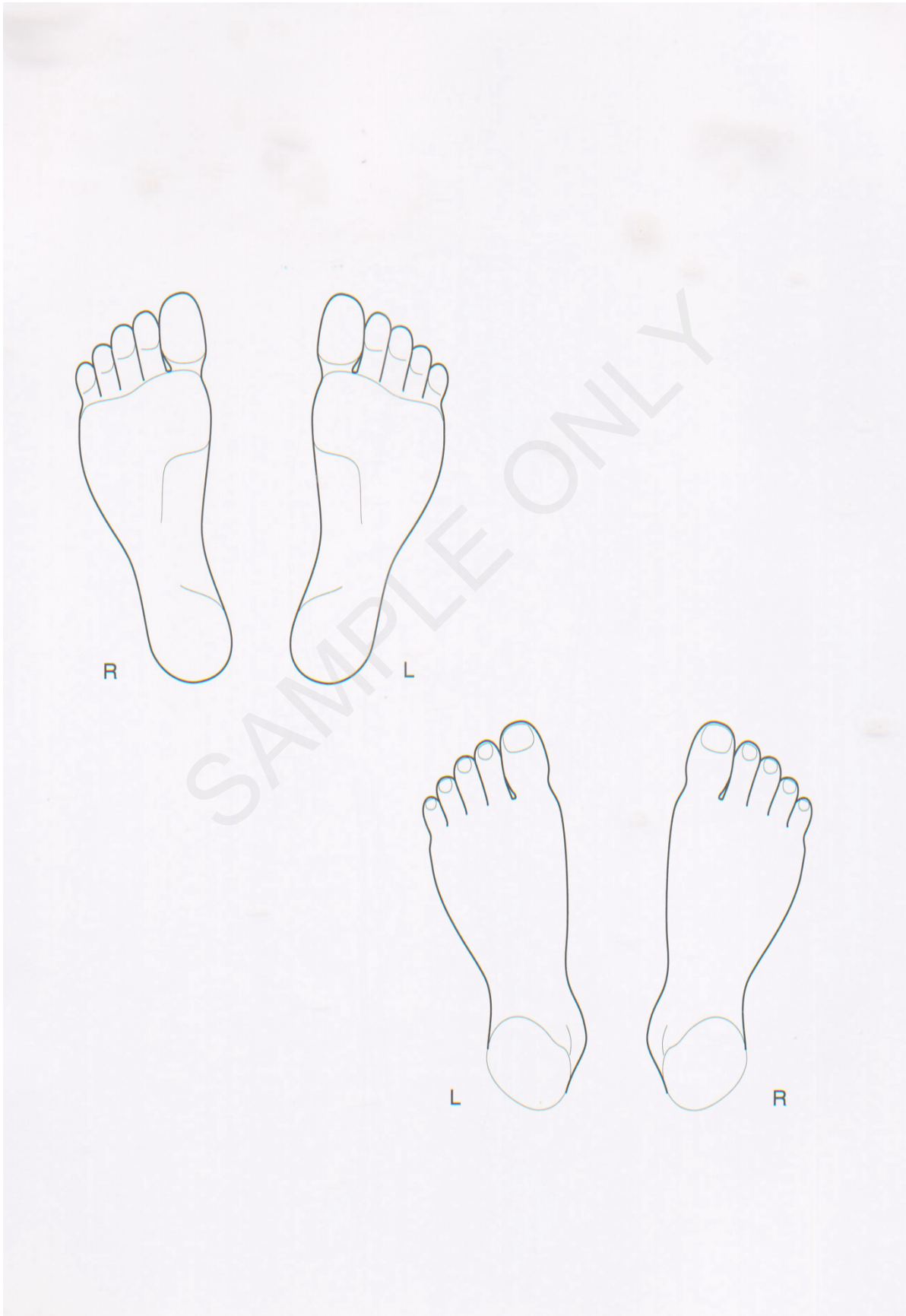


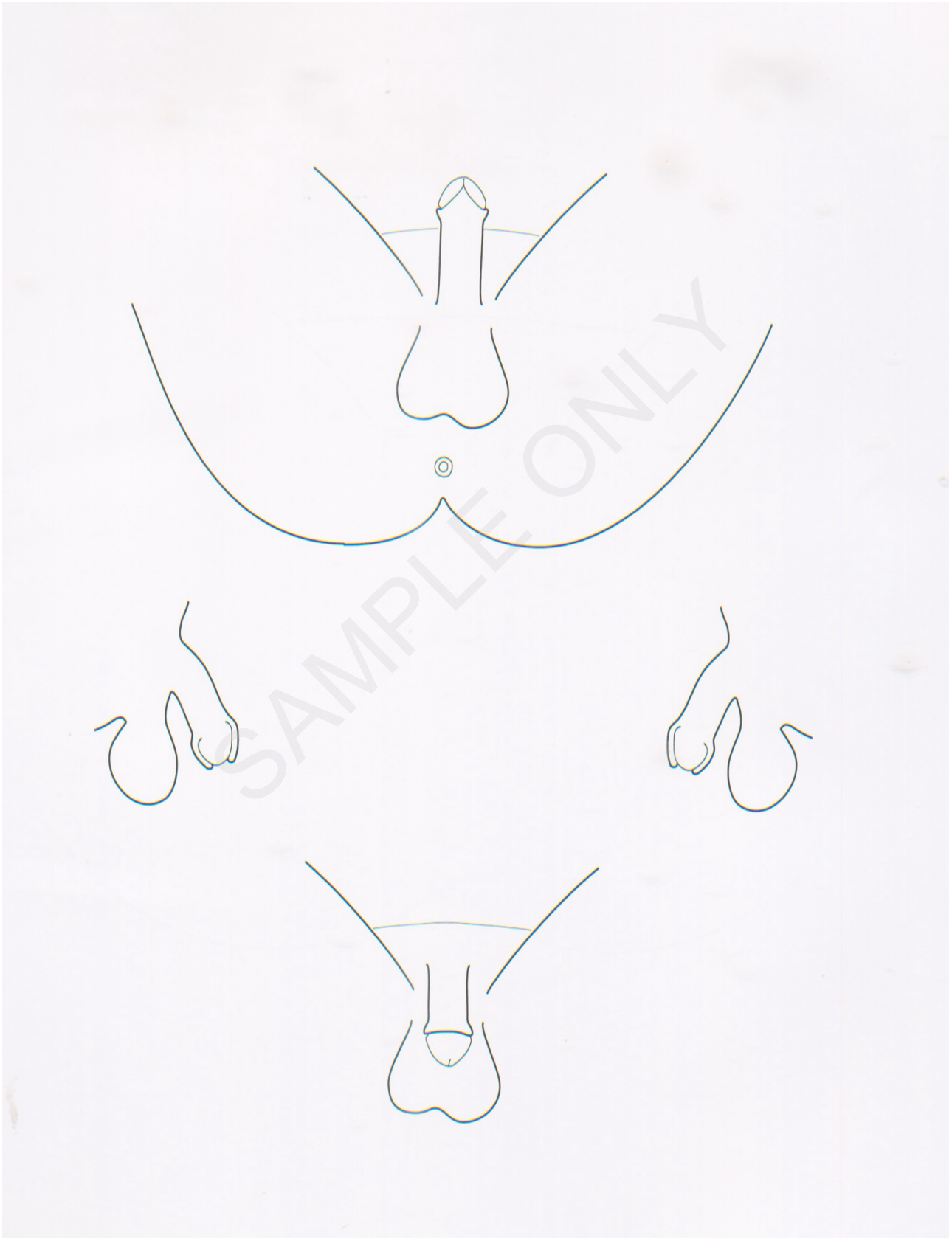


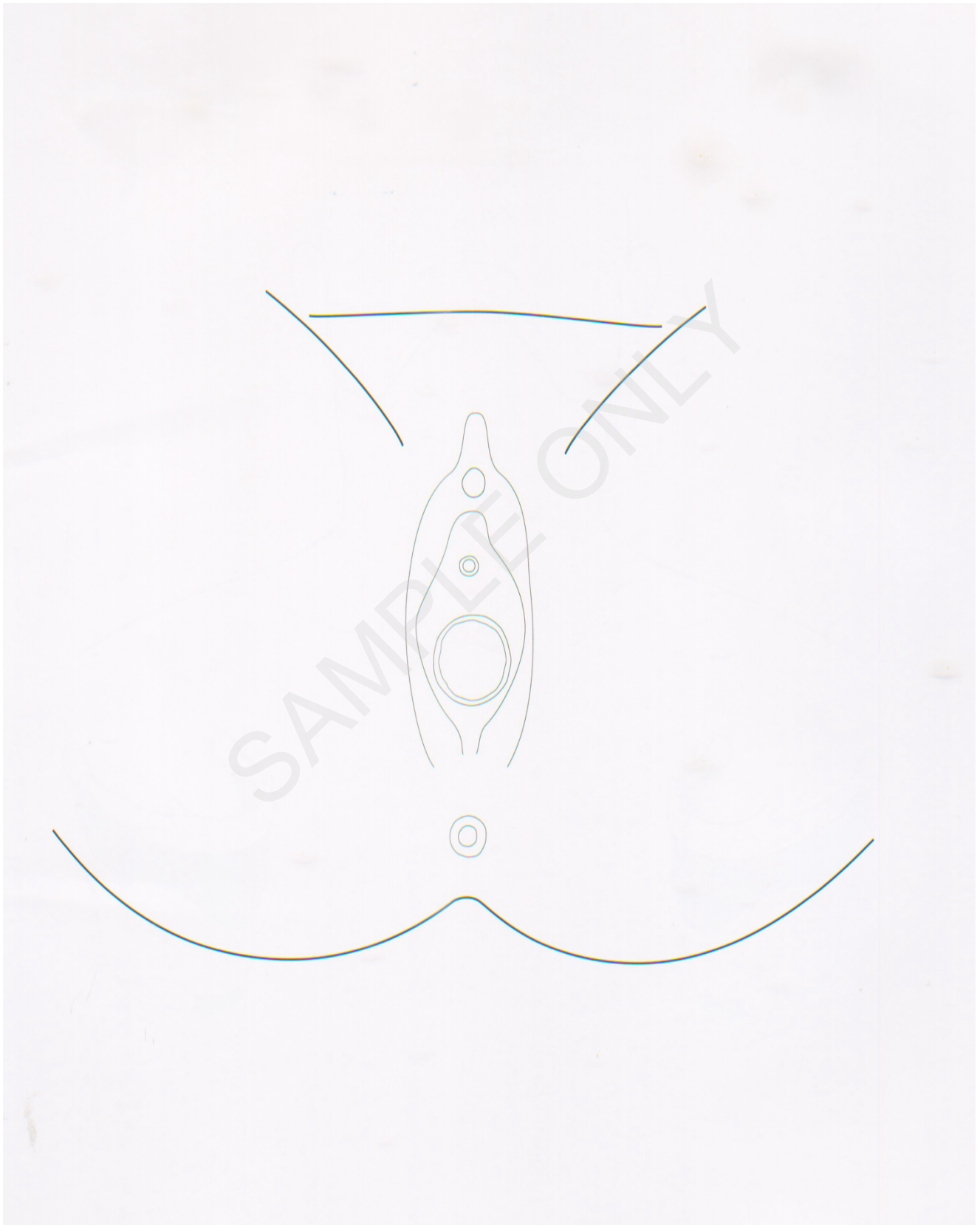


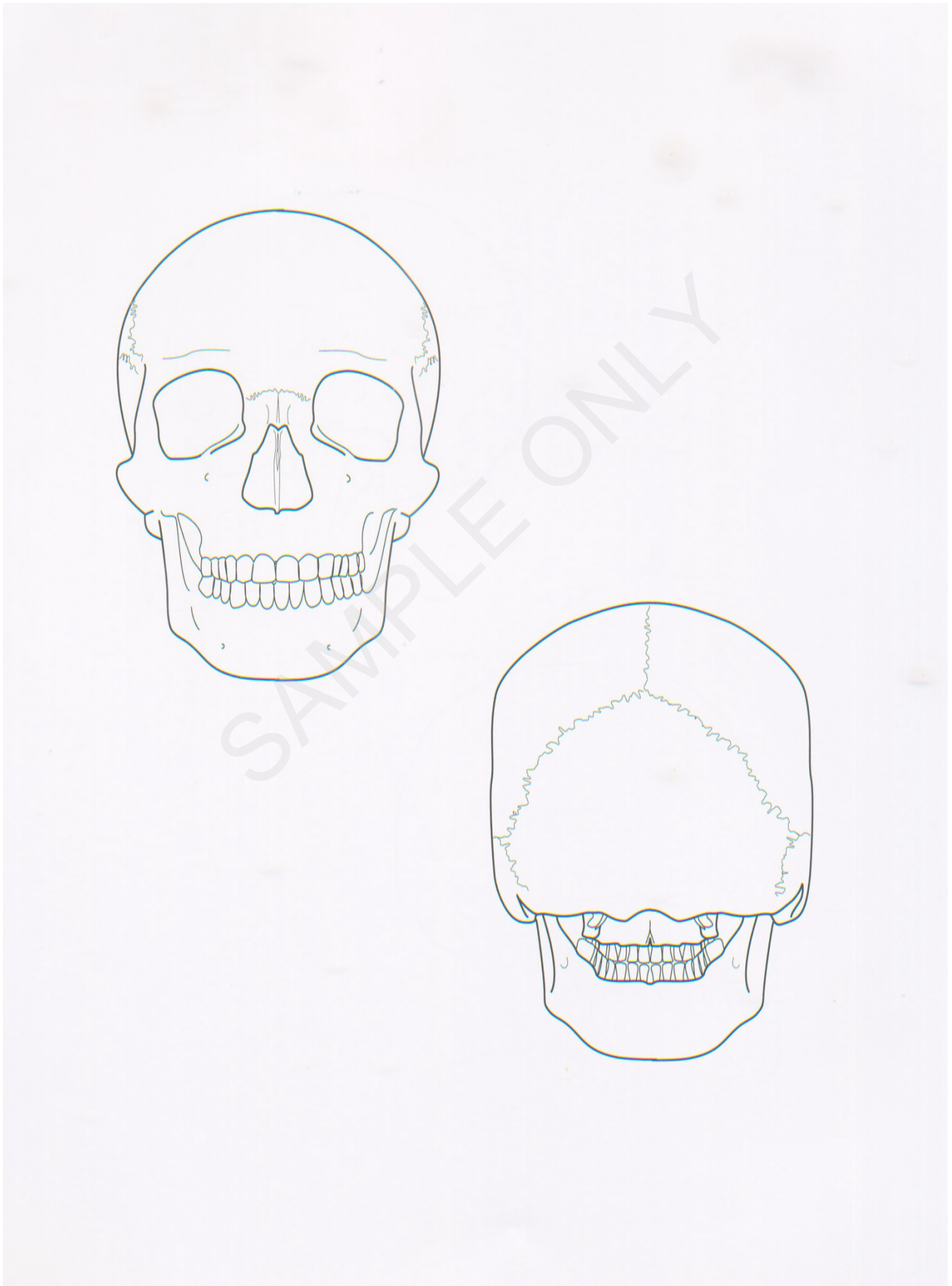


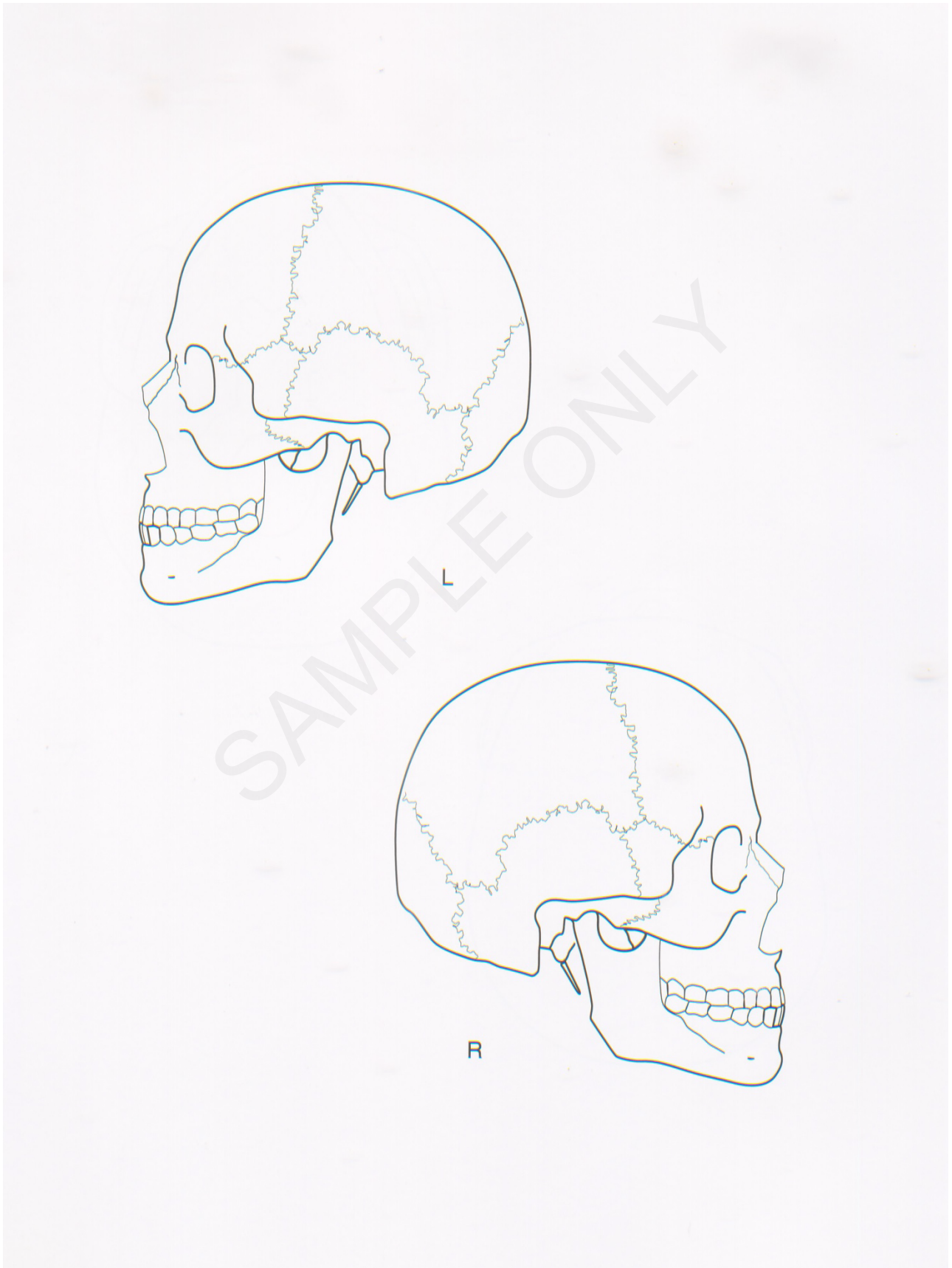


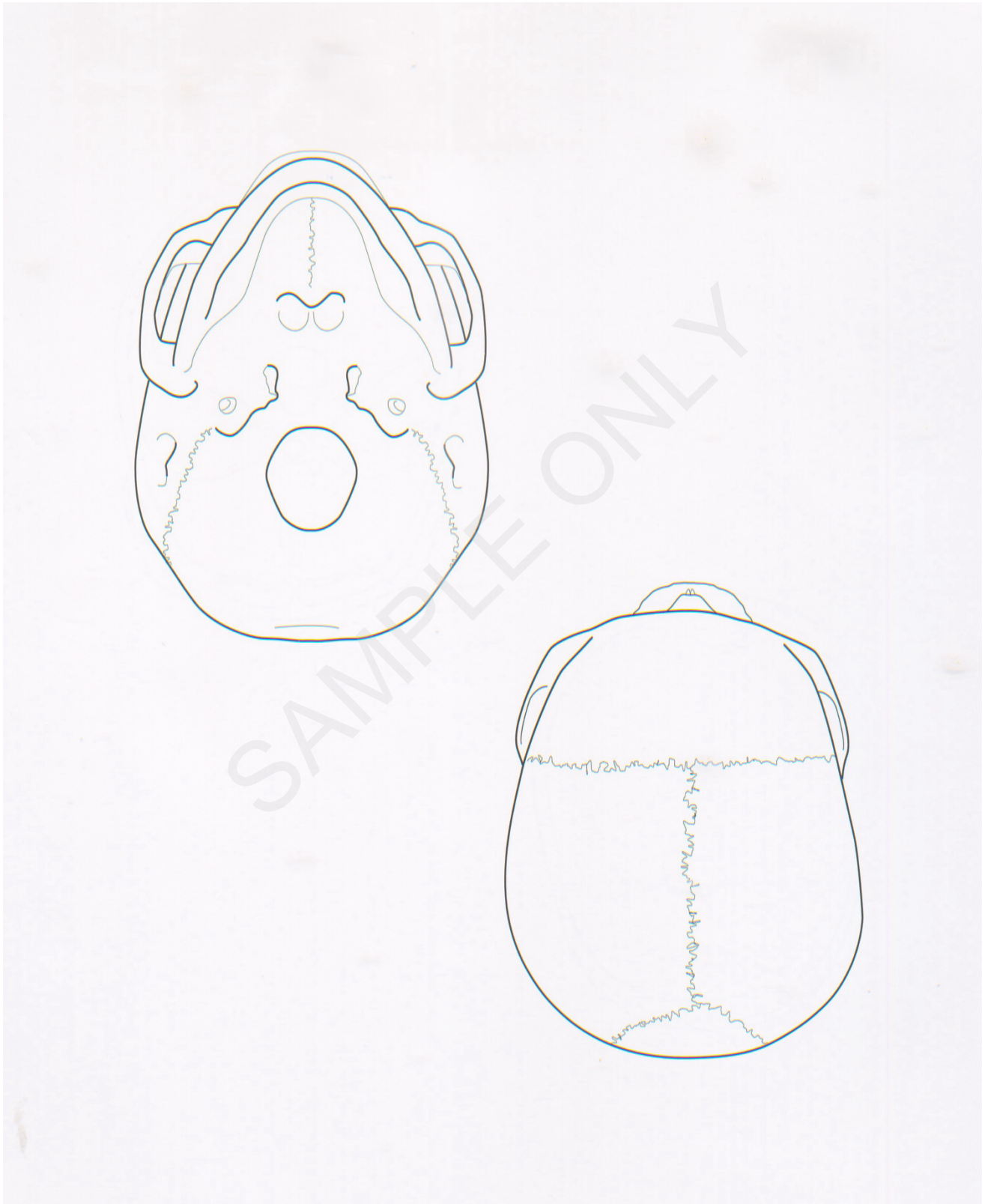




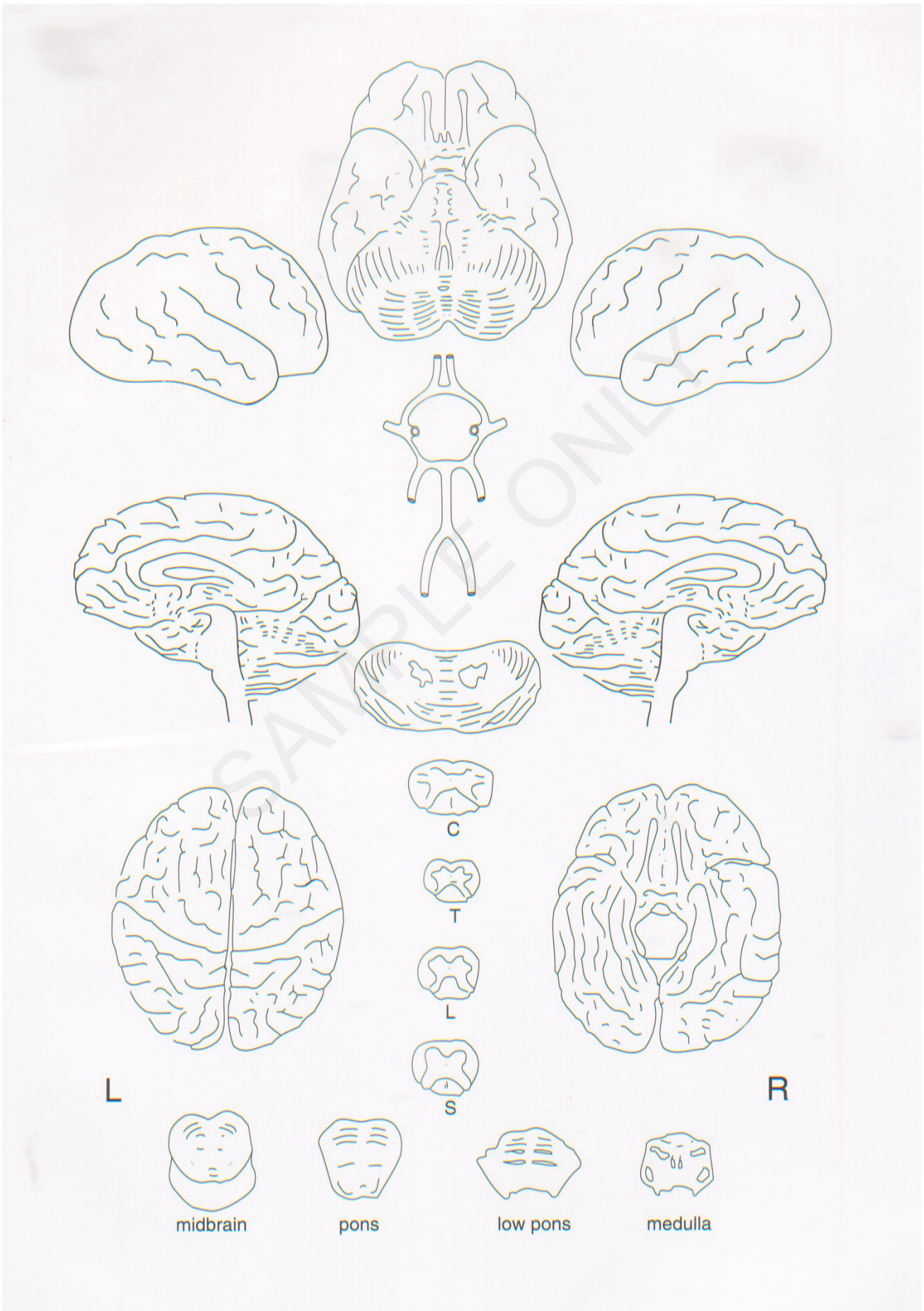






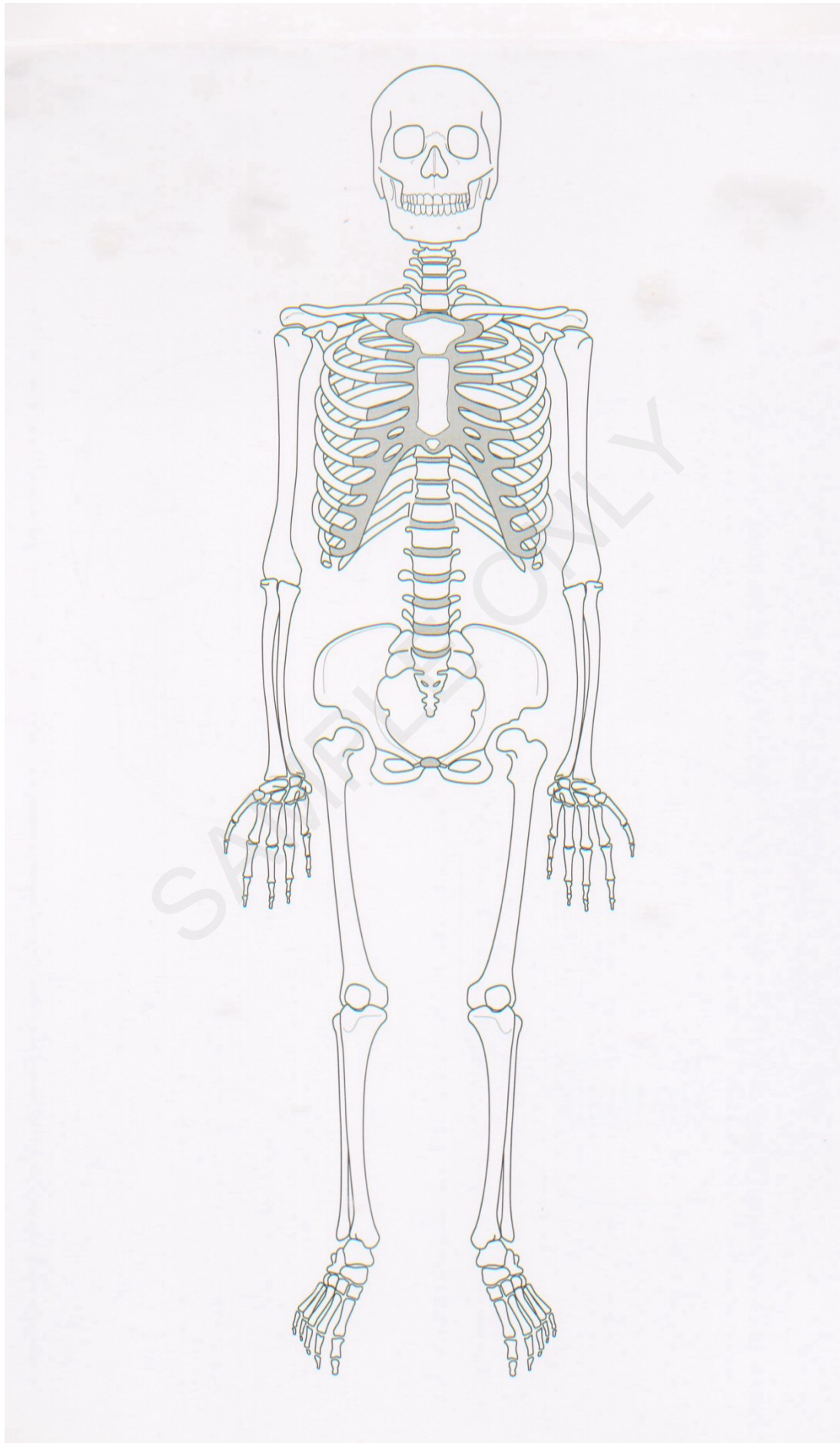


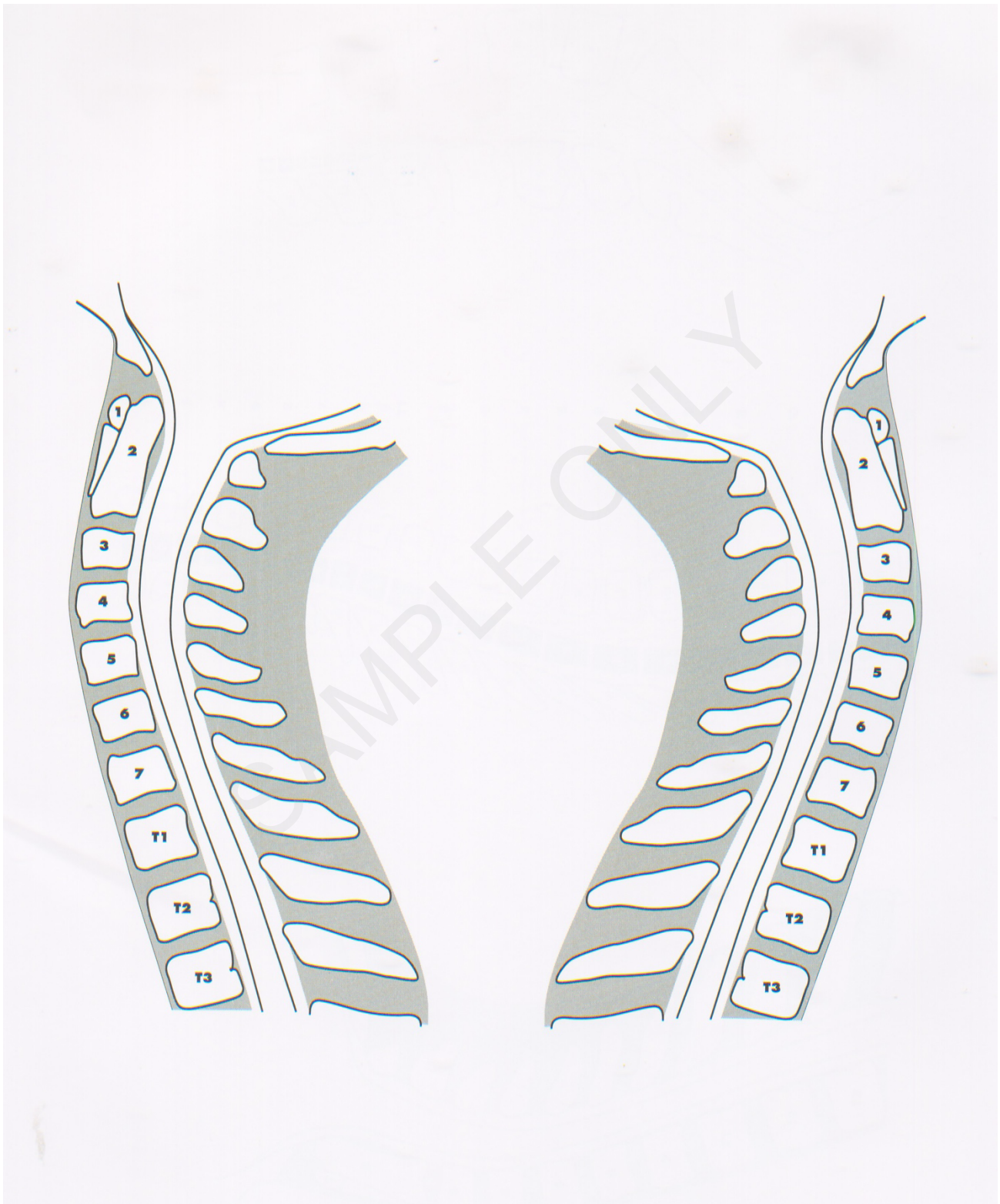


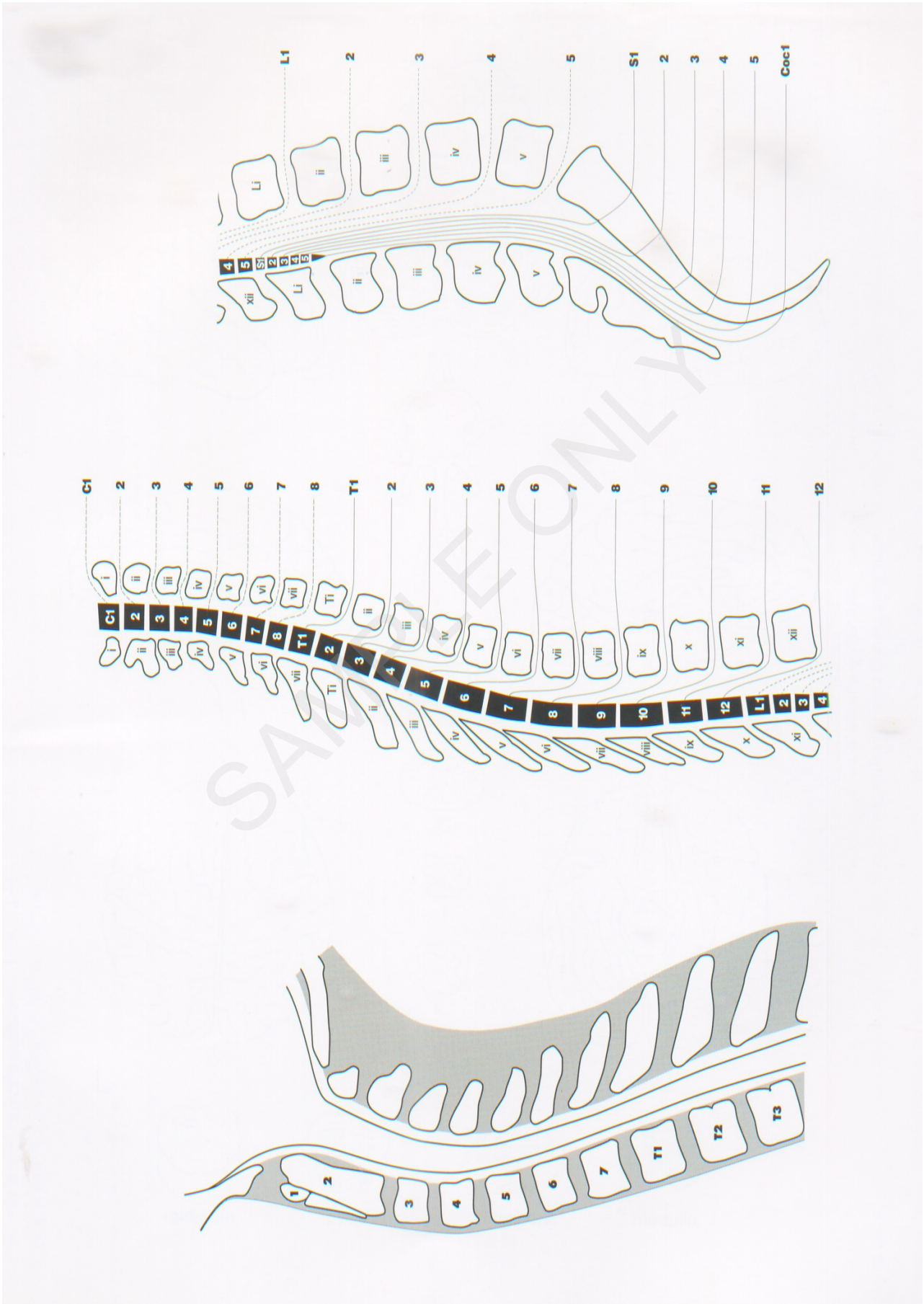














DEPARTMENT OF FORENSIC MEDICINE,
KUALA LUMPUR HOSPITAL,
PAHANG ROAD, 50586 KUALA LUMPUR.

CLINICAL FORENSIC MEDICINE EXAMINATION DRAFT

1. CLINICAL FORENSIC NUMBER	2. HOSPITAL REGN. NO.	3. POLICE REPORT NUMBER
4. DATE OF EXAMINATION	5. TIME OF EXAMINATION	6. PLACE OF EXAMINATION

7. NAME OF PATIENT		
8. IC / PASSPORT / BIRTH CERT NUMBER		9. NATIONALITY
10. AGE	11. SEX	12. RACE
13. RELIGION	14. OCCUPATION	15. MARITAL STATUS
16. ADDRESS		17. CONTACT NUMBER

18. NAME OF POLICE OFFICER	19. RANK
20. POLICE STATION	21. CONTACT NUMBER
22. NAME OF POLICE PHOTOGRAPHER	23. RANK

24. NAME OF DOCTOR (DESIGNATION/DEPT)	25. IC NUMBER
26. NAME OF DOCTOR	27. IC NUMBER
28. NAME OF ASSISTING NURSE	29. IC NUMBER
30. NAME OF ASSISTING MEDICAL ASSISTANT	31. IC NUMBER

Courtesy of Department of Forensic Medicine, Kuala Lumpur Hospital

CONSENT FOR CLINICAL FORENSIC MEDICINE EXAMINATION

I (IC No.) has been informed and explained by on the details of the forensic medical examination evidence collection. I understand and agree that the findings and evidence collected will be released to the police and will be used in courts.

I hereby consent to the following procedures to be conducted on myself/myson/my daughter the named person

..... (IC/Passport/Birth Cert No.)

- Physical examination of the body
- Physical examination of the genitalia and anus
- Collection of specimen from the body
- Collection of specimen from the genitalia and anus
- Photography of any findings on the body
- Photography of any findings on the genitalia and/or anus

SURAT KEBENARAN UNTUK PEMERIKSAAN PERUBATAN FORENSIK

Saya (No. KP) telah dimaklum dan diterangkan oleh berkenaan dengan perincian pemeriksaan perubatan forensik dan pengumpulan bahan bukti. Saya faham dan setuju bahawa sebarang hasil pemeriksaan dan bahan bukti yang dikutip akan diberi kepada pihak polis untuk digunakan dalam mahkamah nanti.

Saya di sini memberi kebenaran supaya prosedur-prosedur berikut dijalankan ke atas saya sendiri/anak lelaki saya/ anak perempuan saya/orang yang bernama

(No. KP/Pasport/Sijil Lahir)

- Pemeriksaan fizikal pada tubuh badan
- Pemeriksaan fizikal pada bahagian genital dan/atau anus
- Pengambilan spesimen dari tubuh badan
- Pengambilan spesimen dari bahagian kemaluan dan/atau dubur
- Pengambilan gambar pada sebarang hasil pemeriksaan yang dijumpai pada tubuh badan
- Pengambilan gambar pada sebarang hasil pemeriksaan yang dijumpai pada bahagian kemaluan dan/atau dubur

CAP IBU JARI	TANDATANGAN PESAKIT/PENJAGA/PELINDUNG	TANDATANGAN SAKSI
	NAMA: TARIKH:	NAMA: TARIKH:

Courtesy of Department of Forensic Medicine, Kuala Lumpur Hospital

<p>(D) Alleged Assailant(s)</p> <p>1 Number of assailants: <input style="width: 80px; border: 1px dashed black;" type="text"/></p> <p>2 Ethnicity:</p> <p><input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Iban <input type="checkbox"/> Kadazan <input type="checkbox"/> Indonesian</p> <p><input type="checkbox"/> Specify: _____</p>	<p>3 Relationship to patient:</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Boyfriend</p> <p><input type="checkbox"/> Step Father <input type="checkbox"/> Neighbour</p> <p><input type="checkbox"/> Brother <input type="checkbox"/> Co-worker</p> <p><input type="checkbox"/> Cousin <input type="checkbox"/> Stranger</p> <p><input type="checkbox"/> Specify: _____</p>
<p>(E) Acts Described by Patient</p>	
<p>1 Penetration of vagina by:</p> <p>Penis <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Finger <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Object <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>2 Penetration of anus by:</p> <p>Penis <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Finger <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Object <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>3 Oral copulation of genitals:</p> <p>by assailant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>by patient <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>4 Oral copulation of anus:</p> <p>by assailant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>by patient <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>5 Non-genital act(s):</p> <p>Licking <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Kissing <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Sucking <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p> <p>Biting <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6 Other act(s):</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attempted <input type="checkbox"/> Unsure</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p>
<p>7 Did ejaculation occur?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p>If yes, note the locations (s):</p> <p><input type="checkbox"/> Mouth <input type="checkbox"/> Vagina</p> <p><input type="checkbox"/> Anus/Rectum <input type="checkbox"/> Body surface</p> <p><input type="checkbox"/> On clothing <input type="checkbox"/> On bedding</p> <p><input type="checkbox"/> Specify: _____</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8 Usage of contraceptive or lubricant products:</p> <p>Lubricant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p>Condom <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p>Specify: _____</p>	<p>Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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(F) PHYSICAL EXAMINATION

1 General Appearance
 * Condition: Good Fair Satisfactory
 * Behaviour Calm Nervous



2 Vital Signs



BP mm/Hg	Pulse /min	Resp /min	Temp °C
----------	------------	-----------	---------

3 Clothing
 * Wearing the same cloths
 No Yes If yes,
 * Any evidence of the presence of the following?
 Stains Lose buttons
 Tears Torn Zippers
 No
 * Specify: _____

4 Secondary Sexual Characteristics
 * Breasts: Infantile Well developed
 * Any evidence of
 Previous pregnancy: No Yes
 Present pregnancy: No Yes
 * Axillary hair: Present Absent
 * Pubic hair: Present Absent
 * Specify: _____

5 Head, Neck, and Oral Examination No Findings Findings

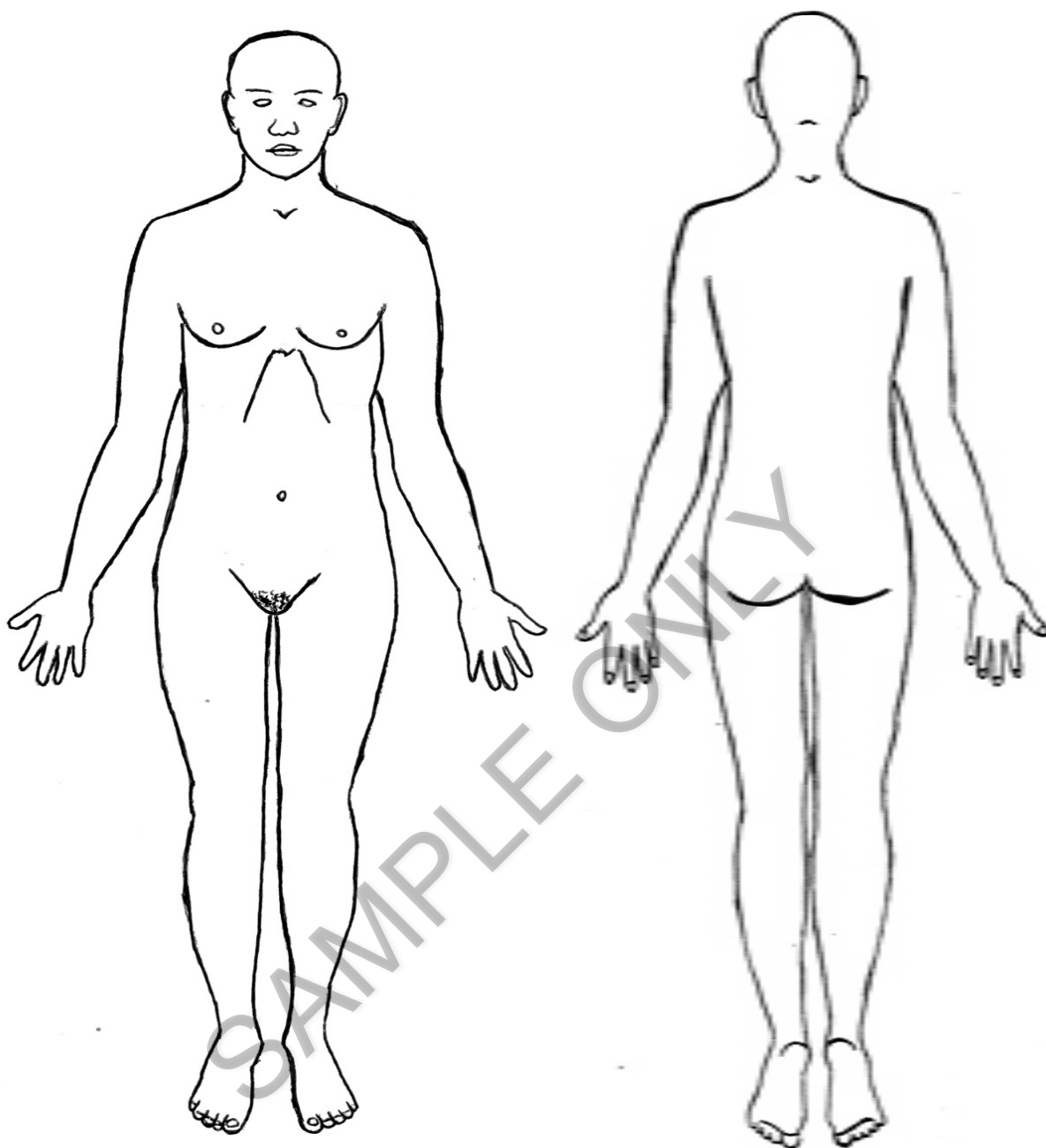



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6 Body Examination

No Findings

Findings



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7 Genital Examination - Females

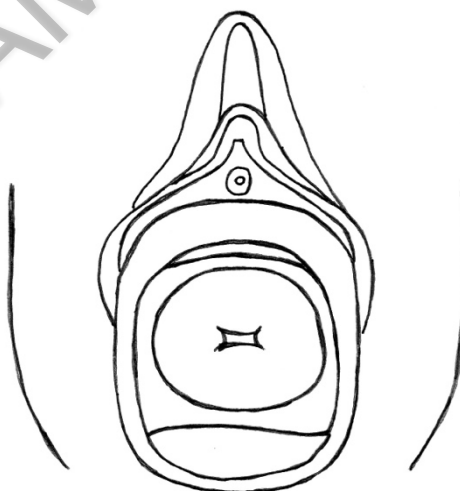
- * Examine the inner thigh, external genitalia, and perianal.
- * Examine the vulva, hymen and vagina.
- * Anal examination.

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> No Findings | <input type="checkbox"/> Findings |
| <input type="checkbox"/> No Findings | <input type="checkbox"/> Findings |
| <input type="checkbox"/> No Findings | <input type="checkbox"/> Findings |



- * Vaginal speculum examination.

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Not Indicated | <input type="checkbox"/> No Findings | <input type="checkbox"/> Findings |
|--|--------------------------------------|-----------------------------------|



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7 Genital Examination - Females

* Examine the inner thigh, external genitalia, and perianal.

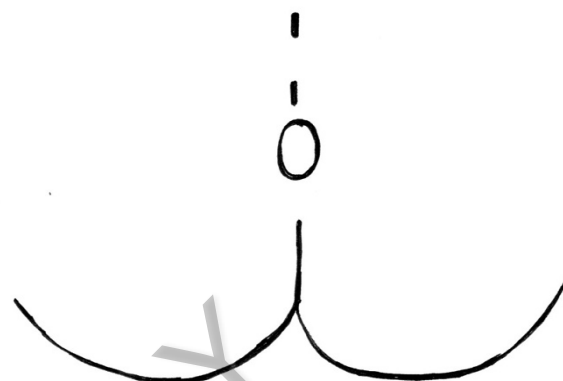
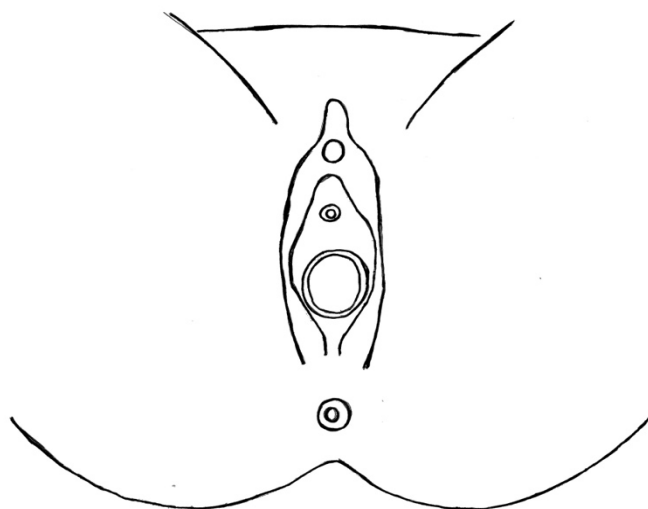
No Findings

Findings

* Anal examination.

No Findings

Findings



* Examine the vulva, hymen and vagina.

No Findings

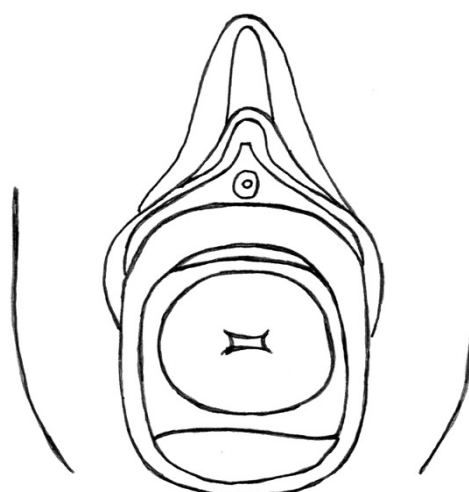
Findings

* Vaginal speculum examination.

No Findings

Findings

Not Indicated



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7 Genital Examination - Males

* Examine the inner thigh, external genitalia, and perianal.

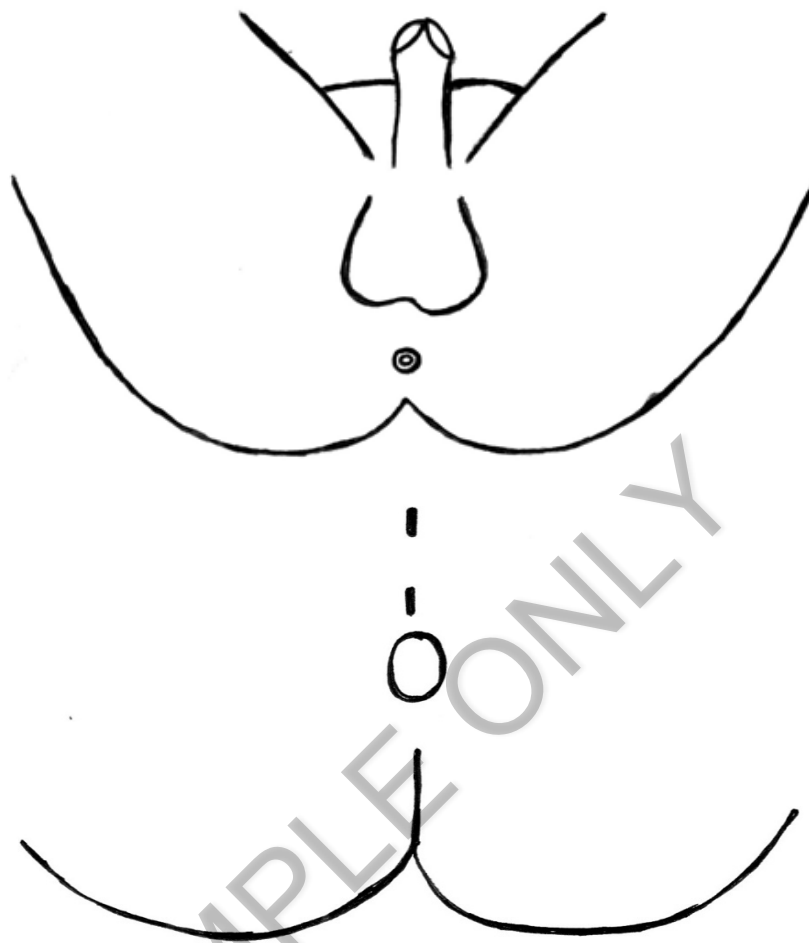
No Findings

Findings

* Anal examination.

No Findings

Findings

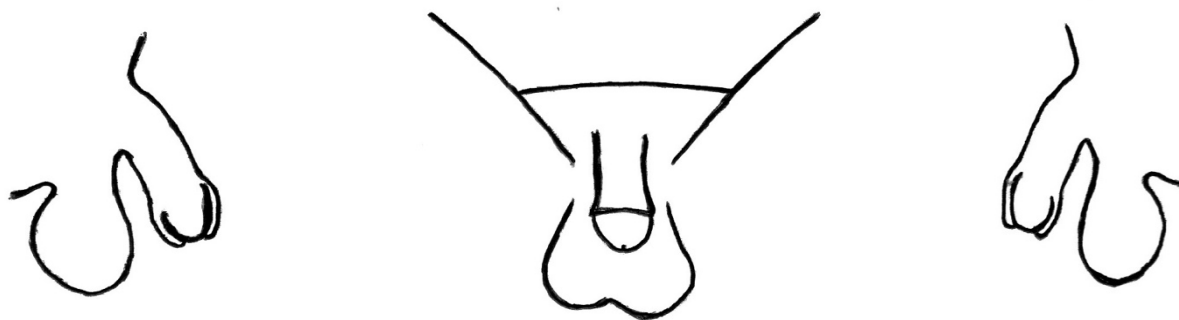


* Examine glans penis, penile shaft, urethral meatus, scrotum, and testes.

No Findings

Findings

* Circumcised No Yes



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(G) SUMMARY OF FINDINGS	
1 Is the patient's physique corresponds to the age?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2 Is the patient mentally sound?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If no, describe:	
3 Are there any signs of intoxication?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If yes, describe:	
4 Are there any body injuries?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If yes:	
* Are these injuries indicate force has been used to patient?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are these signs of violence applied to the patient?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are there any defense injuries ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are there signs of restraint?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are there any signs of abuse / torture?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Describe the type of violence:	
5 Are there any genital injuries?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If yes:	
* Are there any signs of blunt object penetration to vagina?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are the injuries acute in nature?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6 Is the hymen intact?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If no:	
* Is the tear fresh?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Is the tear complete?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Describe the hymenal tear:	
7 Are there any anal injuries?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* If yes:	
* Are there any signs of blunt object penetration to anus?	<input type="checkbox"/> No <input type="checkbox"/> Yes
* Are the injuries acute in nature?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8 Is the given history consistent with examination findings?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9 Name of doctor	11 Signature & stamp chop
10 Date and time	

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<p>(H) SPECIMENS FOR LABORATORY INVESTIGATIONS</p> <p>1 Clothing <input type="checkbox"/> Not indicated</p>	<p>5 Samples of blood for:</p> <p><input type="checkbox"/> DNA profiling</p> <p><input type="checkbox"/> Alcohol analysis</p> <p><input type="checkbox"/> Toxicology</p> <p><input type="checkbox"/> HIV, Hepatitis B & C screening</p> <p><input type="checkbox"/> VDRL</p>
<p>2 Specimens for foreign materials analysis</p> <p><input type="checkbox"/> Right fingernails scrapings</p> <p><input type="checkbox"/> Left fingernails scrapings</p> <p><input type="checkbox"/> Scalp hair combings</p> <p><input type="checkbox"/> Scalp hair cuttings</p> <p><input type="checkbox"/> Pubic hair combings</p> <p><input type="checkbox"/> Pubic hair cuttings</p>	<p>6 Samples of urine for:</p> <p><input type="checkbox"/> Alcohol analysis</p> <p><input type="checkbox"/> Toxicology</p> <p><input type="checkbox"/> Culture and sensitivity</p> <p><input type="checkbox"/> FEME</p> <p><input type="checkbox"/> Pregnancy test</p>
<p>3 Specimens for saliva / seminal analysis</p> <p><input type="checkbox"/> Oral cavity #1</p> <p><input type="checkbox"/> Oral cavity #2</p> <p><input type="checkbox"/> Right breast</p> <p><input type="checkbox"/> Left breast</p> <p><input type="checkbox"/> Body swab #1, from:</p> <p><input type="checkbox"/> Body swab #2, from:</p> <p><input type="checkbox"/> Body swab (control), from:</p> <p><input type="checkbox"/> Penile swab #1</p> <p><input type="checkbox"/> Penile swab #2</p> <p><input type="checkbox"/> Specify:</p>	<p>7 Chain of custody</p> <p>Time of specimens collection:</p> <p>Specimens labeled by</p> <p>Specimens collected by</p> <p>Specimens sealed by</p>
<p>4 Specimens for seminal analysis</p> <p><input type="checkbox"/> Inner vulva swab #1</p> <p><input type="checkbox"/> Inner vulva swab #2</p> <p><input type="checkbox"/> Vaginal introitus swab #1</p> <p><input type="checkbox"/> Vaginal introitus swab #2</p> <p><input type="checkbox"/> Vaginal swab #1</p> <p><input type="checkbox"/> Vaginal swab #2</p> <p><input type="checkbox"/> Perianal swab #1</p> <p><input type="checkbox"/> Perianal swab #2</p> <p><input type="checkbox"/> Rectal swab #1</p> <p><input type="checkbox"/> Rectal swab #2</p> <p><input type="checkbox"/> Swab #1</p> <p><input type="checkbox"/> Swab #2</p> <p><input type="checkbox"/> Specify:</p>	<p>Date and time specimens handed over to police officer</p> <p>Name of staff who handed over the specimens to police officer</p> <p>Name of police officer who received the specimens</p>

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