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22 Februari 2012

EDARAN SEPERTI DI SENARAI

Y.Bhg. Dato'/Datin/Tuan/Puan,

**SURAT PEKELILING KETUA PENGARAH KESIHATAN
MALAYSIA BIL. 10/2012 STANDARD OPERATING
PROCEDURES OF FORENSIC MEDICINE SERVICES**

Dengan hormatnya saya merujuk kepada perkara yang tersebut diatas.

2. Untuk makluman Y.Bhg. Dato'/Datin/Tuan/Puan, Perkhidmatan Perubatan Forensik adalah salah satu perkhidmatan penting yang disediakan oleh Kementerian Kesihatan Malaysia (KKM). Semenjak kebelakangan ini, cara penyampaian perkhidmatan ini mendapat perhatian masyarakat dan juga Pengurusan Tertinggi Kerajaan. Ini disebabkan penglibatan kes-kes yang berprofil tinggi yang menjalani perbicaraan di mahkamah yang turut melibatkan pegawai-pegawai KKM sama ada sebagai pegawai yang merawat atau sebagai *expert witness*.

3. Perkhidmatan Perubatan Forensik melibatkan pematuhan kepada undang-undang yang berkuatkuasa dan banyak melibatkan

kerjasama dengan agensi Kerajaan yang lain terutamanya pihak Polis, Jabatan Peguam Negara dan juga Jabatan Pendaftaran Negara. Dalam pengendalian sesuatu kes baik yang hidup atau yang mati, Pakar-pakar Perubatan Forensik dan juga anggota perkhidmatan yang lain hendaklah jelas mengenai peranan dan skop kerja masing-masing kerana terdapatnya garis batasan yang jelas bagi akauntabiliti dan tanggungjawab KKM dan agensi lain.

4. Bagi memperjelaskan lagi tatacara penyampaian perkhidmatan ini, KKM telah menyediakan satu dokumen bertajuk ***Standard Operating Procedures of Forensic Medicine Services*** untuk digunapakai di semua hospital KKM bagi penyeragaman penyampaian Perkhidmatan Perubatan Forensik yang berkualiti dan sistematik mengikut tatacara yang diluluskan.

5. Kerjasama Y.Bhg. Dato'/Datin/Tuan/Puan amat diperlukan bagi memaklumkan perkara ini dan mengedarkan Surat Pekeliling ini kepada semua Pengarah Hospital dibawah seliaan Y.Bhg. Dato'/Datin/Tuan/Puan untuk dipanjangkan kepada warga kerja yang berkenaan. Surat Pekeliling ini akan dimuatnaik di laman web rasmi KKM, www.moh.gov.my.

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7. Sila ambil maklum dan beri perhatian bahawa Surat Pekeliling ini berkuatkuasa serta merta dari tarikh surat ini dikeluarkan.

Sekian. Terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Yang Ikhlas,



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Standard Operating Procedures Of Forensic Medicine Services

Ministry of Health Malaysia

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PART A:

INTRODUCTION TO THE DOCUMENT: STANDARD OPERATING PROCEDURES (S.O.P) OF FORENSIC MEDICINE SERVICES

1. Scope

The Standard Operating Procedures (S.O.P) of Forensic Medicine Services is a written description of steps for all significant procedures relating to the practice of Forensic Medicine. This S.O.P shall be used and applied to all hospitals under Ministry of Health (M.O.H), Malaysia.

2. Aim

The aim of the S.O.P is to provide quality and standardised practice in the delivery of Forensic Medicine Services. This S.O.P shall be read in conjunction with the National Policy of Forensic Medicine Services without prejudice.

3. Objectives

3.1 General

3.1.1 To provide Forensic Medicine Services, a specialised field in medicine that utilises principles of medicine and medical sciences in assisting the legal authorities in the adjudication of justice in accordance with the requirements of the Laws of Malaysia and in compliance with the current quality standards.

3.2 Specific

3.2.1 To manage deaths in hospitals and bodies brought in dead (B.I.D) to the hospitals.

3.2.2 To perform forensic postmortem examinations when required and provide assistance in medicolegal inquiries of deaths.

3.2.3 To ensure the management of forensic medical evidences will comply with the chain of custody and law of evidence.

PART B:

INTRODUCTION TO FORENSIC MEDICINE SERVICES

4. Introduction

Forensic Medicine is a branch of medicine that assists the legal authorities in the adjudication of justice. The scope of service is to provide forensic medical expertise which covers forensic pathology and clinical forensic medicine including providing mortuary services.

5. General Statements

- 5.1 All hospitals shall provide twenty four (24) hours mortuary services.
- 5.2 Management and Delivery of Forensic Medicine Services for hospitals with resident Forensic Medicine Specialist shall be under the purview of the Head of Department, Department of Forensic Medicine. For hospitals without resident Forensic Medicine Specialist, the Hospital Director shall set up a Forensic Medicine Unit with a Medical Officer (M.O) assigned to be in-charge of the Unit.
- 5.3 Death in hospitals shall remain in the ward or at the location of death for not less than one (1) hour prior to transferring the body of the deceased to mortuary.
- 5.4 Death has taken place or life has become extinct shall be confirmed by a medically trained personnel prior to registration at mortuary.
- 5.5 Certification of death shall be given either by a fully registered medical practitioner or Investigating Police Officer (I.P.O).

5.6 All deaths in Peninsular Malaysia shall be issued with:

a) *Borang Perakuan Pegawai Perubatan Mengenai Sebab-sebab Kematian. Akta Pendaftaran Kelahiran dan Kematian, 1957 (Seksyen 22(i); Kaedah 9) JPN.LM09 (Appendix 1)* for death in hospital where forensic postmortem examination is not required;

or

b) *Borang Perakuan Pegawai Perubatan Mengenai Sebab-sebab Kematian (Post Mortem). Akta Pendaftaran Kelahiran dan Kematian, 1957 (Seksyen 23); Kaedah 9) JPN.LM10 (Appendix 2)* for death requiring forensic postmortem examination;

and

c) *Borang Daftar Kematian/Permit Mengubur (Akta Pendaftaran Kelahiran Dan Kematian, 1957 (Seksyen 4(1) Kaedah 5) – JPN.LM02 (Pin. 1/11) (Appendix 3)* which shall be completed in three (3) copies:

- White copy– to be sent to *Jabatan Pendaftaran Negara* within three (3) working days from certification of death.
- Pink copy – to remain with the Death Certifying Agency i.e. the hospital.
- Blue copy – to be given to the claimant.

5.7 For death in Sabah, dead body released to the claimant shall be issued with:

a) slip *Permit Mengubur* MF13 (**Appendix 4**)

and

- b) *Borang B (JPN) Daftar Kematian (Ordinan Pendaftaran Kelahiran dan Kematian Sabah 1951 (CAP 123) (Appendix 5).*

5.8 For death in Sarawak, dead body released to the claimant shall be issued with:

- a) Form VIII Medical Certificate of Cause of Death (BD9/68) (**Appendix 6**) for death in hospital where forensic postmortem examination is not required;

or

- b) Form IX Medical Certificate of Cause of Death (After Post Mortem) (BD 10/68) (**Appendix 7**) for death requiring forensic postmortem examination.

5.9 All dead bodies are potentially infectious, thus strict Standard Precautions shall be observed by the health personnel involved in handling each case.

5.10 All dead bodies (including whole body, body parts and any human remains) shall be released by Assistant Medical Officer (A.M.O) to the claimants after all the relevant documents are completed.

5.11 For notifiable infectious disease cases:

- a) ensure that the Environmental Health Officer is informed prior to the release of the dead bodies;

- b) the release of these dead bodies to the claimants shall be under the supervision of Environmental Health Officer;

- c) for high risk cases 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 Medicine Specialist for health and safety reasons.

5.12 Unclaimed dead bodies shall be managed accordingly; after the necessary steps were taken to trace the next-of-kin/family members are unsuccessful:

- a) bodies are released to the relevant agencies;

or

- b) bodies are released to the universities based on the existing guidelines.

5.13 All working facilities in mortuary are restricted areas. Entry to the premises shall only by authorization and with supervision.

PART C:

OPERATIONAL PROCEDURES

6. Death in Hospital

The following procedures applied only to patients who died within the hospital premises.

- 6.1 All deaths shall be confirmed by the attending M.O.
- 6.2 Last office procedures and documentation shall be undertaken by the ward staffs which includes the removal of any tubings and medical devices. Nevertheless, the attending M.O may, if he is of the opinion that such device may have contributed to or caused the death of the patient, he may decides to leave the medical devices in-situ pending for forensic postmortem examination.
- 6.3 All iatrogenic/medical intervention wounds must be properly secured from leakage.
- 6.4 All notifiable infectious disease deaths shall be managed appropriately according to the Standard Precautions.
- 6.5 The following documents/forms shall be filled up by the attending M.O and sent to mortuary together with the body of the deceased;
 - 6.5.1 Peninsular Malaysia
 - a) *Borang Perakuan Pegawai Perubatan Mengenai Sebab-sebab Kematian (Akta Pendaftaran Kelahiran Dan Kematian, 1957 – (Seksyen 22(i); Kaedah 9) - JPN LM09 (Appendix 1), and*

- b) *Borang Daftar Kematian/Permit Mengubur (Akta Pendaftaran Kelahiran Dan Kematian, 1957 (Seksyen 4(1) Kaedah 5) – JPN.LM02 (Pin.1/11) in three (3) copies (Appendix 3).*

6.5.2 Sabah

- a) *Permit Mengubur MF 13 (Appendix 4);*
- b) *Borang B (JPN) Daftar Kematian (Ordinan Pendaftaran Kelahiran dan Kematian Sabah 1951 (CAP 123) (Appendix 5).*

6.5.3 Sarawak

- a) *Form VIII Medical Certificate of Cause of Death (BD9/68) (Appendix 6).*

6.6 All bodies shall be tagged with:

- a) a white body identification tag at the wrist/ankle **(Appendix 8)** for Non Police Case;
- or
- b) a red body identification tag at the wrist/ankle **(Appendix 9)** for Police Case.

6.7 Bodies need to be kept in the ward not less than one (1) hour after death have been confirmed before sending to mortuary.

- 6.8 For Non Police Cases, the cause of death (if known) must be completely documented by the attending M.O with his/her name, signature and date on all the relevant documents/forms.
- 6.9 For Police Cases, the Police must be notified of the death.
- 6.9.1 If forensic postmortem examination is required by Police for the purpose of their investigation, the *Borang Permintaan Pemeriksaan Mayat, Polis 61 Pindaan 4/68* (**Appendix 10**) shall be issued by the I.P.O.
- 6.9.2 If forensic postmortem examination is not required by the Police to assist their investigation, the cause of death will be certified by the attending M.O without prejudice.
- 6.10 Notification of Death
- 6.10.1 The ward staff on duty must inform to the forensic A.M.O on duty or A.M.O on duty of the Emergency & Trauma Department (E.D).
- 6.10.2 If there is no next-of-kin when the deceased was confirmed death, the ward staff shall inform the next-of-kin by phone. If next-of-kin cannot be contacted, Police assistance shall be sought.
- 6.10.3 Details of the notification of death (i.e. by whom, to whom, time, etc) must be recorded in the case record of the deceased.

6.11 Transfer of dead body to mortuary

6.11.1 The ward staff on duty shall make the necessary arrangements for the body to be transferred to mortuary as soon as practicable after the minimum one (1) hour in ward.

6.11.2 The body shall be transferred to mortuary accompanied by corresponding relevant documents mentioned above.

7. Brought in Dead (B.I.D)

7.1 All B.I.D brought/accompanied by Police shall go directly to the mortuary.

7.2 B.I.D brought by family members/public shall be seen and registered at E.D prior to transferring the body to mortuary.

7.3 Police shall decide the need for forensic postmortem examination.

7.4 In accordance to the Criminal Procedure Code (Act 593), the Police shall certify the cause of death for cases which do not require forensic postmortem examination.

7.5 For cases which require Crime Scene Investigation (CSI) as requested by Police, the A.M.O on duty shall inform the Forensic Medicine Specialist/Consultant immediately.

8. Receipt and Registration of Dead Body at Mortuary

8.1 Upon receiving the body at mortuary whether death in hospital or B.I.D, A.M.O on duty shall document in the Death Registration Book (*Buku Pendaftaran Kematian*) the following:

- a) Name of the deceased
- b) Identification No. of the deceased
- c) Date and time of death/found dead
- d) Date and time of arrival to mortuary
- e) Address of the deceased
- f) Age of the deceased
- g) Sex of the deceased
- h) Ethnic group/Nationality of the deceased
- i) Religion of the deceased
- j) Biohazard/ non biohazard
- k) Police Case/Non Police Case

8.2 Documentation in the Death Registration Book, for Police Cases shall be entered in red ink whereas other cases shall be entered in black or blue ink.

8.3 Any Police Case for forensic postmortem examination shall be assigned a Postmortem Number.

8.4 Having received and registered the body, the forensic A.M.O on duty shall fill up the *Borang Pengendalian Mayat* (**Appendix 11**).

8.5 After registration at mortuary, the M.O in-charge of the case:

- shall be informed by the A.M.O on duty;

- shall be responsible to perform the forensic postmortem examination of uncomplicated cases;
- shall consult the Forensic Medicine Specialist/Consultant for complicated cases.

9. Body Storage

- 9.1 Bodies shall be stored at 4 ± 2 °C (not frozen) unless identified and claimed within four (4) hours from the time of receipt at mortuary.
- 9.2 The bodies shall be kept in body freezers.
- 9.3 Each body freezer must be appropriately labelled.
- 9.4 Ensure that the identification label on the body freezer door corresponds with the identification tag on the dead body placed inside.
- 9.5 M.O.H does not provide temporary body storage service for private establishments or individuals. However, temporary body storage maybe allowed upon formal request by relevant government agencies and with **approval by the Hospital Director**. The body shall be registered and managed accordingly as a B.I.D case.

10. Postmortem Examination

There are two (2) types of postmortem examinations:

- Forensic Postmortem Examination, and

- Clinical Postmortem Examination

For the procedure, please refer *Surat Pekeliling Ketua Pengarah Kesihatan Bil 17/2008 Garispanduan Bedah-siasat Mayat di Hospital-Hospital Kementerian Kesihatan Malaysia, bertarikh 31 Oktober 2008*.

11. Management of Evidence and Specimen

- 11.1 The Department/Unit of Forensic Medicine shall provide consultation on proper handling of specimen and evidence collected during the course of forensic examination to ensure proper chain of custody.
- 11.2 To ensure an intact chain of custody, all evidences and specimens taken are handed over immediately to the I.P.O.
- 11.3 The I.P.O shall be responsible for the custody and transmission of the evidences and specimens to the relevant laboratories.
- 11.4 Specimen shall be collected by the trained personnel in accordance with the Standard Precautions.
- 11.5 Specimen shall be collected in the appropriate container (**Table 2**).
- 11.6 Specimen container shall be labelled and sealed appropriately.
 - 11.6.1 Labelling of the container are as follows:
 - a) Name of the deceased

- b) Post Mortem No.
- c) Police Report No.
- d) Type/Name of Specimen
- e) Name of Test
- f) Date and Time Specimen Taken

11.7 The *Borang Pengendalian Spesimen Mediko-Legal* (**Appendix 12**) shall be completed for specimens taken for every case.

11.8 The relevant forms shall be filled up depending on the test/analysis required:

a) *Borang Permohonan Bagi Pemeriksaan Forensik /Toksikologi (Kimia 15 – Pin 1/2004)* (**Appendix 13**);

or

b) *Borang Perkhidmatan Patologi (PER.PAT 301)* (**Appendix 14**);

or

c) *Borang Institute of Medical Research (IMR) (Med 135)* (**Appendix 15**)

12. Control of Contamination of Deoxyribonucleic Acid (DNA) Evidence on Body of Deceased

12.1 General

12.1.1 All procedures done in the mortuary shall follow strictly the Standard Precautions as stipulated.

12.2 Procedures

- 12.2.1 Ensure that all equipment and the postmortem table have been cleaned prior to placing the body (whilst still in the body bag) on the postmortem table.
- 12.2.2 Examine the body whilst still inside the body bag.
- 12.2.3 If needed/indicated, take photographs of the body.
- 12.2.4 Remove the clothing from the body whilst still inside the body bag.
- 12.2.5 Examine the clothes on a clean covered surface and take photographs, if required.
- 12.5.6 Pack each piece of clothing separately using clean packaging papers.
- 12.5.7 Proceed with the forensic postmortem examination.

13. Release of Dead Body

13.1 General

- 13.1.1 The Forensic A.M.O on duty or the A.M.O on duty of E.D 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.

13.1.2 The following details of the claimants shall be documented into *Borang Pengendalian Mayat* (**Appendix 11**) and the Death Registration Book:

- a) Name of the claimant:
- b) Identification/Passport No.:
- c) Address of Claimants:
- d) Relationship to the Deceased:
- e) Date and Time of Release to the Claimant:

13.1.3 The claimants are advised to register the death for issuance of Death Certificate at the *Jabatan Pendaftaran Negara* within 3 working days after date of death by bringing along the:

- a) blue copy of the *Borang Daftar Kematian / Permit Mengubur (Akta Pendaftaran Kelahiran dan Kematian, 1957 (Seksyen 4(1) Kaedah 5 – JPN.LM02 (Pin1/11) (Appendix 3)*; and
- b) identification card of the deceased.

13.1.4 For registration of deaths in Sabah. the claimants need to bring along the:

- a) slip MF13 (**Appendix 4**) and Borang B (JPN) (**Appendix 5**); and
- b) identification card of the deceased

13.1.5 For registration of deaths in Sarawak, the claimants need to bring along the:

a) Form VIII Medical Certificate of Cause of Death (BD9/68) (**Appendix 6**); and

b) identification card of the deceased

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

13.1.7 Hospitals only provide room facilities for the performance of the last rites by the claimants.

13.1.8 The forensic/hospital staff shall not be involved in the procedures of last rites including escorting the body during transportation.

13.1.9 Hospitals shall not be held responsible for any untoward incidences once dead body has been claimed.

13.1.10 M.O.H does not provide embalming services.

13.2 Release of Dead Body of Police Case

13.2.1 For all dead bodies classified as Police Cases, the Police shall be notified and clearance shall be obtained before release/disposal of the bodies.

13.3 Release of Dead Body of Foreigners

- 13.3.1 Handling of dead body of foreigners is based on the available Guidelines for Management of Death of Foreigners (**Appendix 16**).
- 13.3.2 The related High Commission/ Embassy needs to be notified for issuance of confirmation on the status of nationality of the deceased prior to releasing the dead body to the claimants/appointed representatives.
- 13.3.3 The claimants shall make their own arrangement with the funeral operators based on the available *Garis Panduan Pengimportan Atau Pengeksportan Mayat Atau Manamana Bahagiannya (Edisi Pertama) 2006*.
- 13.3.4 Ensure that the respective High Commission/ Embassy/Consulate are notified prior to repatriation of the foreign national dead body.

13.4 Release of Unclaimed Dead Body

- 13.4.1 As per stipulated guidelines.

14. Waste Management

- 14.1 Waste management shall refer to the hospital clinical and chemical waste management procedures.

PART D:

GLOSSARY

Certification of Death	The filling up of the Death Certification Form (LM02) by a fully registered Medical Practitioner.
Clinical Postmortem Examination	Examination done to find out the clinical cause of death with consent from relatives for academic/research purposes and does not involve police investigation.
Confirmation of Death	A procedure to be carried out by a medically trained personnel when death has taken place or life has extinct.
Forensic Postmortem Examination	Examination done on dead body, fetus/body parts upon issuance of the <i>Borang Permintaan Pemeriksaan Mayat (Polis 61)</i> .
Last Office	Preparation of a body where death had taken place in the ward by staff nurses prior sending to mortuary.
Last Rites	Ritual preparation of a body before burial/cremation
Non Police Case	Case with known cause of death and is not under police investigation under the Criminal Procedure Code (Act 593).
Police Case	Death involving Police investigation under Criminal Procedure Code (Act 593) or death with no known cause of death requiring forensic post-mortem examination.
Postmortem Examination	Examination of a dead human body in order to determine the cause of death, or nature of disease or injury and includes the retention of tissues customarily removed during the course of autopsy for evidentiary, identification, diagnostic, scientific, or therapeutic purposes.
Specimen	Body tissues/body fluids collected during post-mortem examination for laboratory analysis.

PART E:

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Table 1: Coverage by Forensic Medicine Specialist of Dedicated Hospitals

No.	State	Coverage By Dedicated Hospital
1.	Perlis	Hospital Sultanah Bahiyah, Alor Setar, Kedah
2.	Kedah	Hospital Sultanah Bahiyah, Alor Setar, Kedah
3.	Pulau Pinang	Hospital Pulau Pinang
4.	Perak	Hospital Raja Permaisuri Bainun, Ipoh, Perak
5.	W.P. Kuala Lumpur	Hospital Kuala Lumpur
6.	W.P Putrajaya	Hospital Serdang, Selangor
7.	W.P. Labuan	Hospital Queen Elizabeth, Kota Kinabalu, Sabah
8.	Selangor	
	a) Klang, Tanjung Karang, Sabak Bernam, Banting	Hospital Tengku Ampuan Rahimah, Klang, Selangor
	b) Kajang, Serdang	Hospital Serdang, Selangor
	c) Kuala Kubu Baru, Sungai Buloh	Hospital Sungai Buloh, Selangor
9.	Negeri Sembilan	Hospital Tuanku Ja'afar, Seremban, Negri Sembilan
10.	Melaka	Hospital Melaka
11.	Johor	Hospital Sultanah Aminah, Johor Bahru, Johor Hospital Sultan Ismail, Johor Bahru, Johor
12.	Pahang	Hospital Tengku Ampuan Afzan, Kuantan, Pahang
13.	Terengganu	Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu
14.	Kelantan	Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan
15.	Sabah	Hospital Queen Elizabeth, Kota Kinabalu, Sabah
16.	Sarawak	Hospital Umum Sarawak, Kuching, Sarawak

Table 2: Types of Specimen and Corresponding Containers For Used

Type of Test	Specimen	Quantity	Type of Specimen Container	Designated Laboratory
Histopathology	Specific organ	Specific area/whole organ	Container to be filled with formalin 10%	Pathology Laboratory in MOH Hospital/Forensic Medicine Laboraratory
Toxicology & Alcohol Analysis	Blood	10 ml	Universal Glass Botol with Sodium Fluoride 0.2%	Chemistry Department Malaysia (JKM)
	Urine	25 ml	Universal Glass Botol with Sodium Fluoride 0.2%	JKM
	Stomach wash/vomit	All or ≥ 25 ml	Universal Glass Botol	JKM
	Stomach Content	All or ≥ 25 ml	Universal Glass Botol	JKM
	Vitreous Humor	Semua	Universal Glass Botol with <i>Sodium Fluoride 0.2%</i> / Bijou Botol	JKM
	Bile	All	Universal Glass Botol with <i>Sodium Fluoride 0.2%</i> / Bijou Botol	JKM

	Cerebrospinal fluid	All	Universal Glass Botol with <i>Sodium Fluoride 0.2% / Bijou Botol</i>	JKM
	Brain tissue	50 – 100 gram	Specimen container	JKM
	Liver	50 – 100 gram	Specimen container	JKM
	Kidney	50 – 100 gram	Specimen container	JKM
Deoxyribonucleic Acid (DNA) profiling test	Blood	1 sampel per person	<i>FTA card put into paper envelop after it is dried at room temperature</i>	JKM
		2.5 ml (adult), 15 – 20 drops (baby/neonates)	<i>“Vacutainer K₂EDTA” (purple coloured cover)</i>	JKM
	<i>Vaginal swab</i>	2 swabs (1 external & 1 internal)	Placed swabs into plain tube/ <i>plastic container with cover</i>	JKM
	<i>Anal swab</i>	2 swabs (1 external & 1 internal)	Placed swabs into plain tube/ <i>plastic container with cover</i>	JKM

	Bite marks swab/body swab	1 swab for each bite marks/each body part	Placed swabs into plain tube/ <i>plastic container with cover</i>	JKM
Blood Group	Blood	2.5 ml	"Vacutainer K ₂ EDTA" <i>(purple coloured cover)</i>	JKM
Human Immunosuppression Virus (HIV) Screening	Blood	2.5 ml	"Vacutainer plain" <i>(red coloured cover)</i>	Hospital Patology Laboratory
Hair Analysis	Hair from head	> 12 pieces (cut/pulled/combed)	Sterile container (white cover)	JKM
	Pubic hair	> 12 pieces (cut)	Placed swabs into plain tube/ <i>plastic container with cover</i>	JKM
Criminology	Bullet and/or bullets fragments	All that is taken from the dead body	Placed in separate sterile container (yellow/red cover) <i>Each lined with cotton/gauze</i>	JKM
	Clothes/Personal items	All	Placed separately into envelop/pap	Police

			er bag of appropriate size.	
	Nail scrappings	All	Sterile container (white cover)	JKM
Entomology	Maggots (with the tissues of the dead body)	Live sampel: 20-30 maggots	Sterile container with a punctured cover (yellow/red cover)	Institute of Medical Research (IMR)
		Dead sampel: 20-30 maggots	Sterile container with alcohol 70% /formalin 10% (yellow/red cover)	IMR/Entomology Laboratory at Universiti Kebangsaan Malaysia (UKM)
Microbiology	Spermatozoa	1 swab every area	Every swab is smeared onto a slaid and placed into slaid container.	Hospital Patology Laboratory

PART F:

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Chart 1: Flowchart of Management of Death in hospital

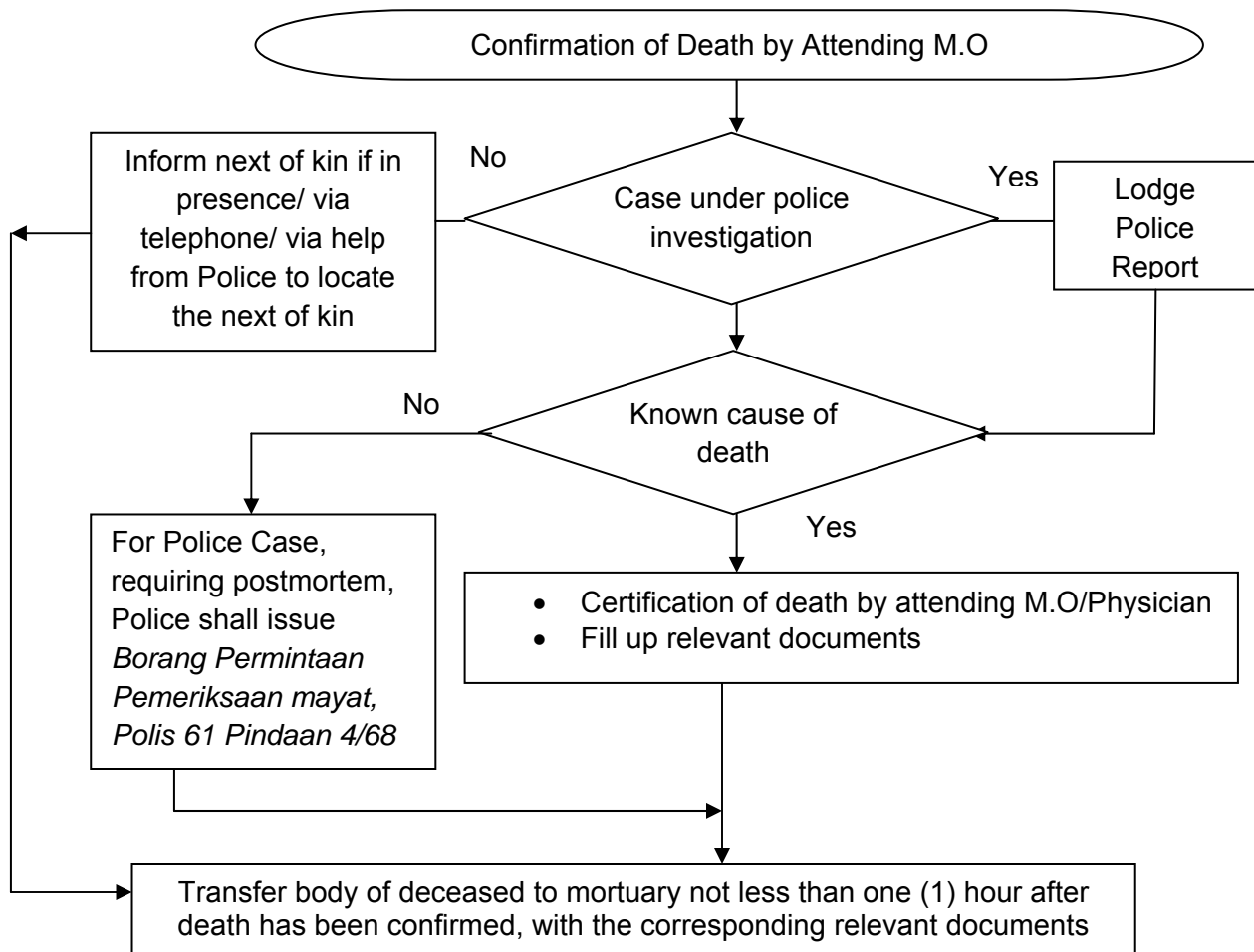


Chart 2: Flowchart of Management of Brought in Dead

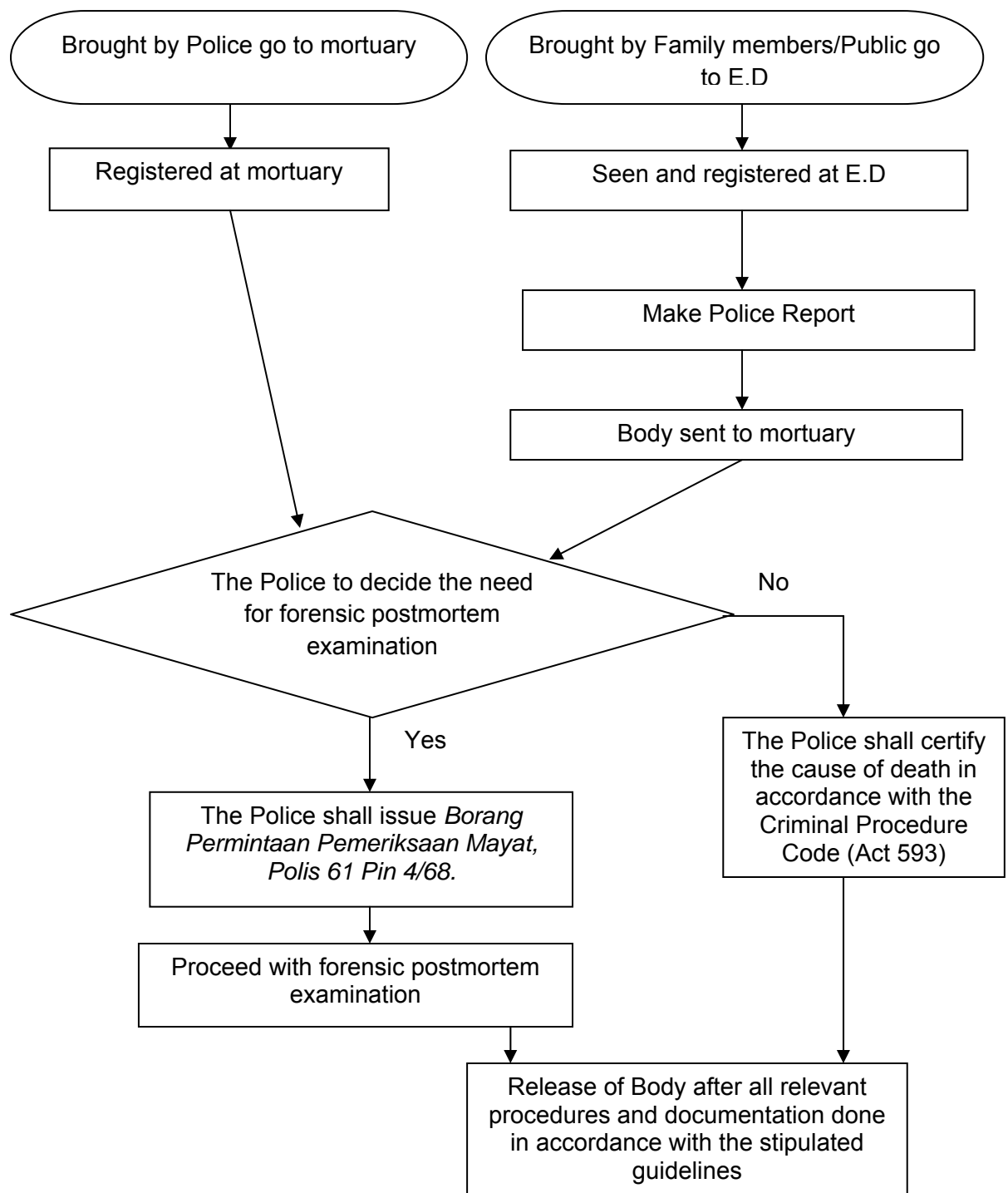


Chart 3: Flowchart of Storage of Dead Body

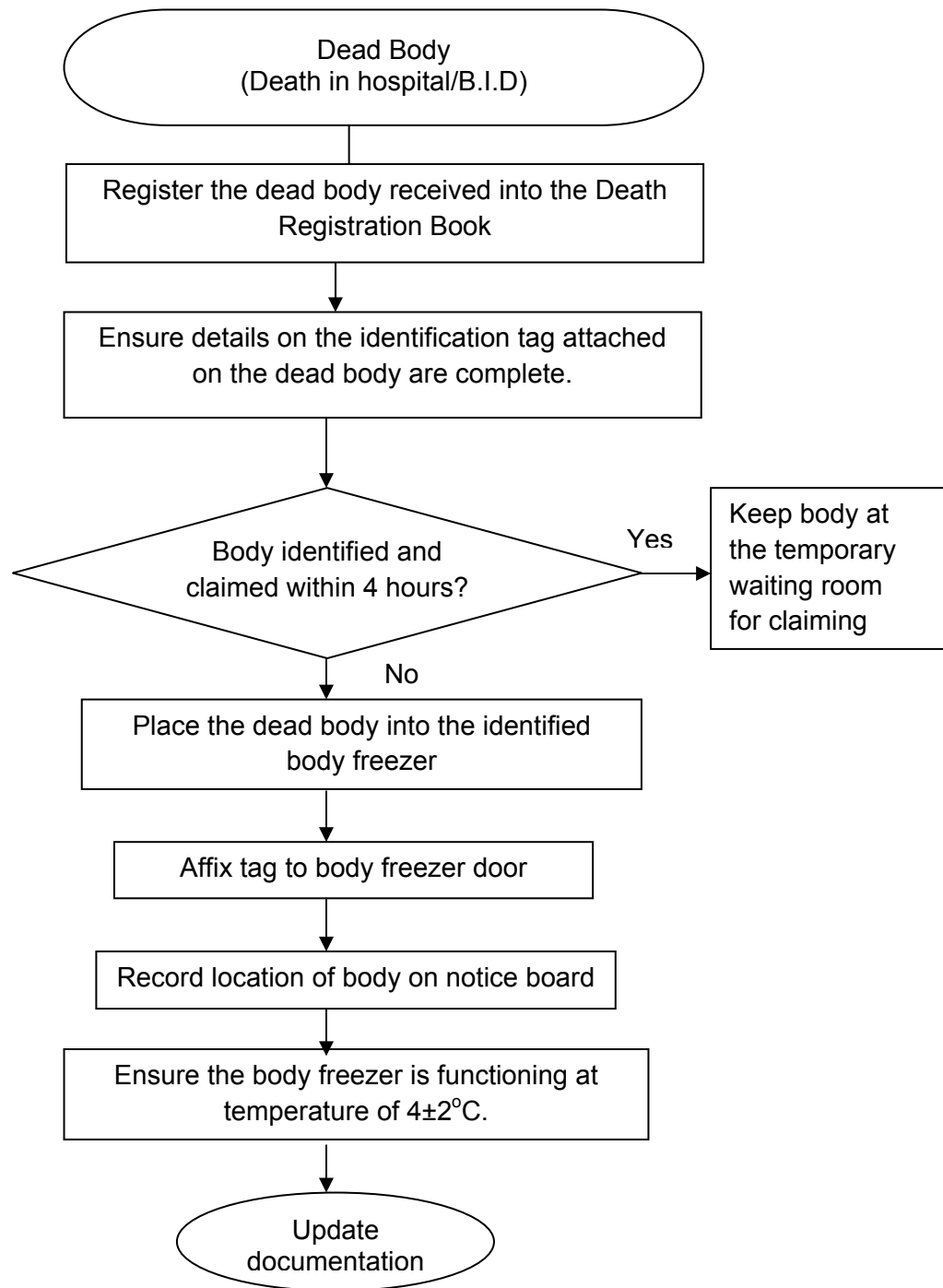
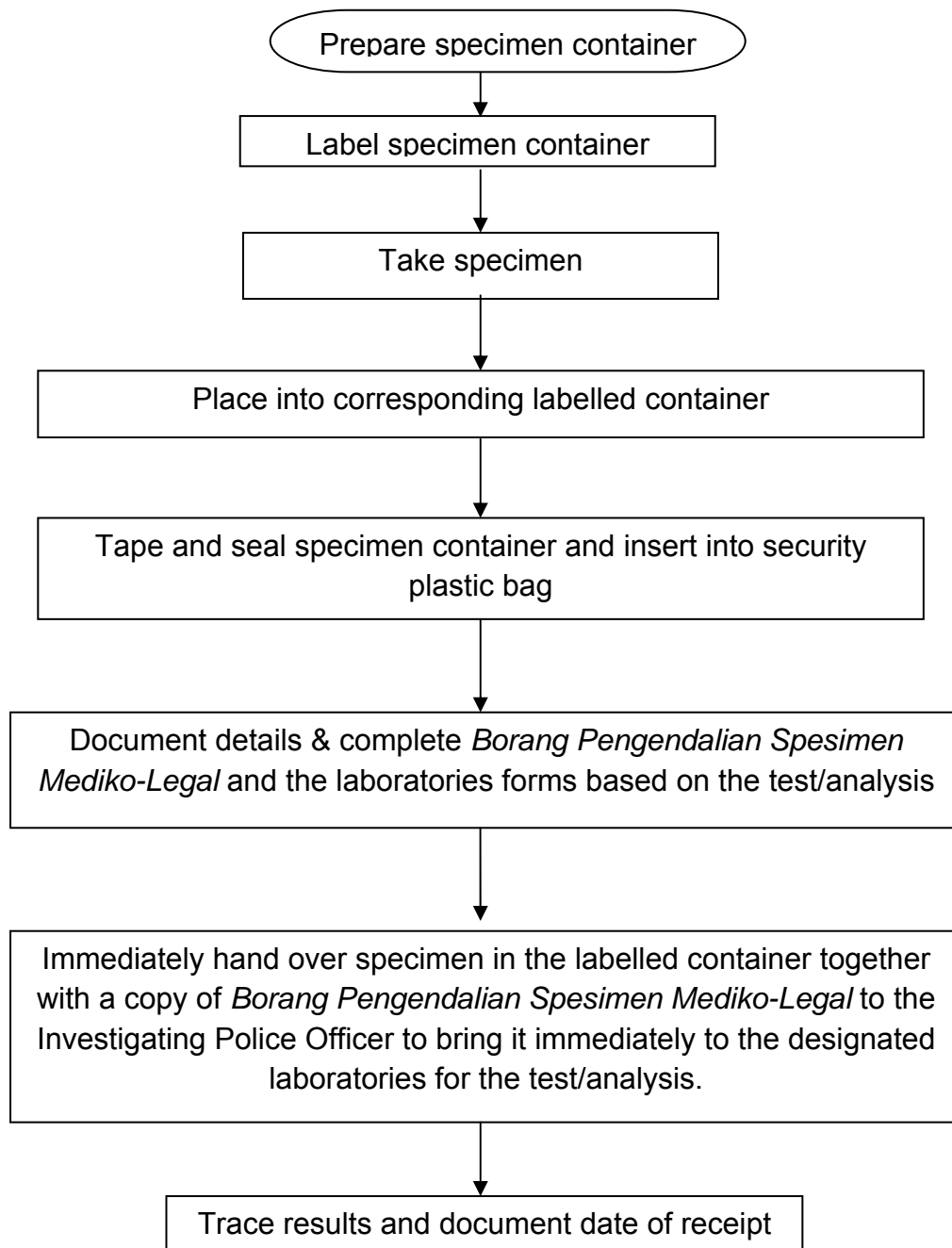


Chart 4: Flowchart of Management of Evidence and Specimen



**Chart 5: Flowchart of Control of Contamination of DNA Evidence on
Body Of The Deceased**

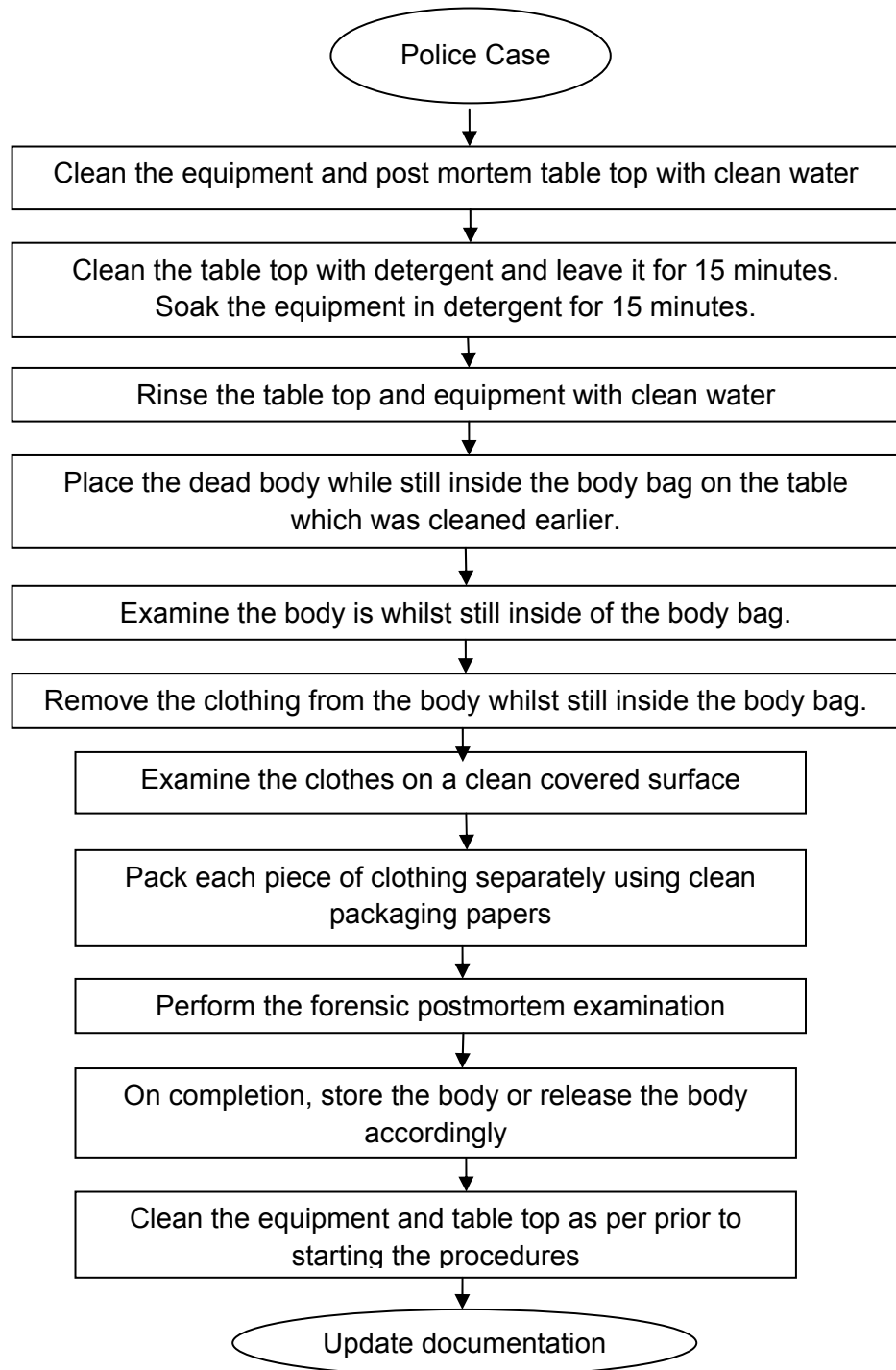
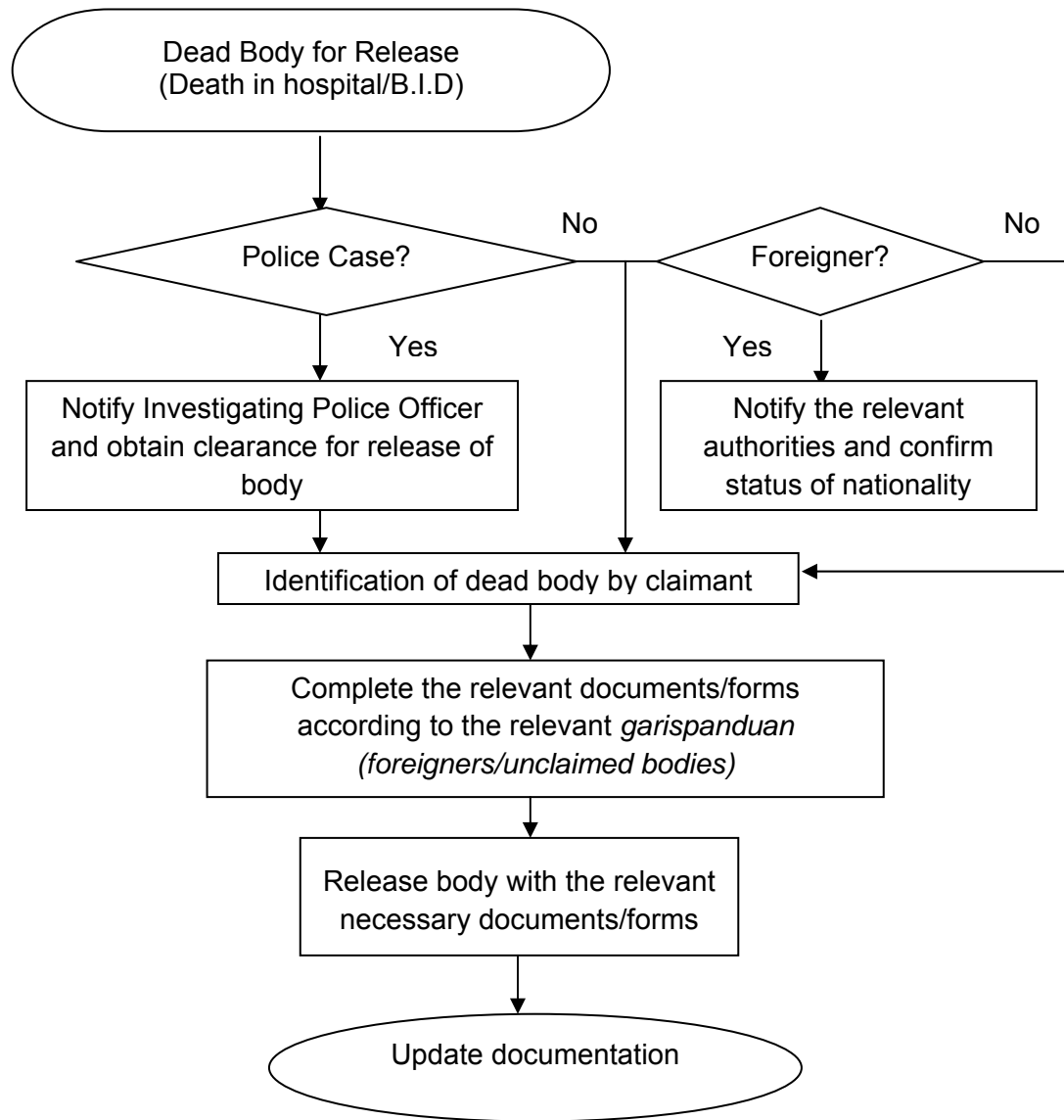


Chart 6: Flowchart of Release of Dead Body



PART G:

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**Borang Perakuan Pegawai Perubatan Mengenai Sebab-sebab Kematian.
Akta Pendaftaran Kelahiran dan Kematian, 1957 (Seksyen 22(i); Kaedah 9)
JPN.LM09**

JPN. LM09

No. 388801

**PERAKUAN PEGAWAI PERUBATAN
MENGENAI SEBAB-SEBAB KEMATIAN**
Akta Pendaftaran Kelahiran dan Kematian, 1957
[Seksyen 22(1); Kaedah 9]

Dengan ini saya
(Nama dan Nombor Kad Pengenalan Pegawai Perubatan)

mengaku bahawa saya telah merawat:

Nama si mati.....

Nombor Kad Pengenalan si mati.....

Alamat si mati.....

buat kali terakhir pada.....dan beliau telah
meninggal dunia pada..... jam.....

Sebab-sebab utama kematian ialah:
.....

.....
(Tandatangan dan Cop Rasmi)

Tarikh:.....

NOTA:

Borang ini untuk kegunaan Pegawai Perubatan berdaftar bagi memperakui sebab-sebab kematian seseorang semasa penyakit terakhir dirawat olehnya. Perakuan ini hendaklah diberikan kepada waris si mati atau kepada pemaklum yang dikehendaki melaporkan kematian kepada Pendaftar Kelahiran dan Kematian.

JS708094 — PNMB., K.L.

Borang Perakuan Pegawai Perubatan Mengenai Sebab-sebab Kematian (Post-Mortem). Akta Pendaftaran Kelahiran dan Kematian, 1957 (Seksyen 23); Kaedah 9) JPN.LM10

No.	096897	JPN.LM10
<p>PERAKUAN PEGAWAI PERUBATAN MENGENAI SEBAB-SEBAB KEMATIAN (POST-MORTEM)</p> <p>Akta Pendaftaran Kelahiran dan Kematian, 1957 [Seksyen 23; Kaedah 9]</p>		
<p>Dengan ini saya..... <i>(Nama dan nombor kad pengenalan pegawai perubatan)</i></p> <p>mengakui bahawa pada.....saya telah menjalankan pemeriksaan post-mortem atas mayat..... <i>(Nama dan nombor kad pengenalan simati)</i></p> <p>dan bahawa sebab-sebab utama kematian ialah:</p> <p>.....</p> <p>.....</p> <p>..... <i>(Tandatangan dan Cop Rasmi)</i></p> <p>Tarikh:.....</p>		
<p>NOTA:</p> <p>Borang ini untuk kegunaan Pegawai Perubatan berdaftar bagi memperakui sebab-sebab kematian seseorang semasa melakukan pemeriksaan post-mortem ke atas simati. Perakuan ini hendaklah diberikan kepada waris simati atau kepada pemaklum yang dikehendaki melaporkan kematian kepada Pendaftar Kelahiran dan Kematian.</p>		

JD115223—PNMB., K.L.

Borang Daftar Kematian/Permit Mengubur (Akta Pendaftaran Kelahiran Dan Kematian, 1957 (Seksyen 4(1) Kaedah 5) – JPN.LM22 (Pin.1/11)

JPN.LM 02
(Pin. 1/11)

DAFTAR KEMATIAN / PERMIT MENGUBUR
Akta Pendaftaran Kelahiran dan Kematian, 1957
[Seksyen 4(1), Kaedah 5]

No: 00000006

No. Permohonan

(A) MAKLUMAT SIMATI

1. Nama Penuh

2. No. Dokumen Pengenalan Diri

3. Jenis Dokumen Pengenalan / Negara Pengeluar

4. Umur

5. Jantina

6. Keturunan

7. Warganegara

8. Alamat Terakhir Sebelum Kematian

9. Agama

10. Tempat Kematian

11. Tarikh Kematian

12. Tarikh Lahir

13. Negeri Kematian

14. Waktu Kematian

15. Sebab Kematian

16. Tempat Kutipan Sijil Kematian

JPN:

(B) MAKLUMAT PEMAKLUM

17. Nama Penuh

18. No. Dokumen Pengenalan Diri

19. Jenis Dokumen Pengenalan / Negara Pengeluar

20. Hubungan Dengan Simati

21. Pekerjaan

22. No. Telefon

23. Alamat

Saya membuat akuan bahawa segala maklumat yang diberikan dalam borang ini adalah benar dan betul.

(Tandatangan/Cap Ibu Jari Kanan)

(C) MAKLUMAT PEGAWAI YANG MENGELUARKAN PERMIT MENGUBUR / PENGESAH KEMATIAN

24. Tarikh Pendaftaran

25. No. Dokumen Pengenalan Diri

26. Jenis Dokumen Pengenalan / Negara Pengeluar

27. Pekerjaan

28. Nama Penuh

29. Tempat Laporan / Permit Mengubur Dikeluarkan

Saya mengesahkan sebab-sebab kematian di atas.

(Tandatangan dan Cop Rasmi)

UNTUK KEGUNAAN JABATAN PENDAFTARAN NEGARA

(D) PENGESAHAN PENDAFTAR

Dengan ini, saya mengesahkan maklumat kematian di atas

(Nama, Tandatangan dan Cop Pendaftar)

Tarikh:

(E) KEPUTUSAN PENDAFTAR BESAR / PENGUSAHA PENDAFTAR (Seksyen 21)

(Cop dan tandatangan Pendaftar Besar / Pengusaha Pendaftar)

Tarikh:

No. Permohonan			
(A) MAKLUMAT SIMATI			
1. Nama Penuh <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		2. No. Dokumen Pengenalan Diri <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Jenis Dokumen Pengenalan / Negara Pengeluar <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		4. Umur Tahun Bulan Hari	
5. Jantina <input type="checkbox"/> L <input type="checkbox"/> Perempuan <input type="checkbox"/> R Ragú		6. Keturunan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
7. Warganegara <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		8. Agama <input type="checkbox"/> Islam <input type="checkbox"/> Kristian <input type="checkbox"/> Buddha <input type="checkbox"/> Hindu <input type="checkbox"/> Lain-lain Nyatakan _____	
9. Tempat Kematian <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		10. Tarikh Kematian Hari Bulan Tahun	
11. Negeri Kematian <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		12. Waktu Kematian Jam Minut Pagi / Petang / Tengahari / Malam	
13. Sebab Kematian <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		14. Tempat Kutipan Sijil Kematian JPX:	
(B) MAKLUMAT PEMAKLUM			
15. Nama Penuh <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		16. No. Dokumen Pengenalan Diri <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
17. Hubungan Dengan Simati <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		18. Jenis Dokumen Pengenalan / Negara Pengeluar <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
19. Alamat <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		20. No. Telefon <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
21. Pekerjaan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Saya membuat akuan bahawa segala maklumat yang diberikan dalam borang ini adalah benar dan betul. (Tandatangan/Cap Ibu Jari Kanan)	
(C) MAKLUMAT PECAJAY YANG MENGELUARKAN PERMIT MENGUBUR / PENGESAH KEMATIAN			
22. Tarikh Pendaftaran Hari Bulan Tahun		23. No. Dokumen Pengenalan Diri <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
24. Nama Penuh <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		25. Jenis Dokumen Pengenalan / Negara Pengeluar <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
26. Tempat Laporan / Permit Mengubur Dikeluarkan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		27. Pekerjaan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Saya mengesahkan sebab-sebab kematian di atas.		(Tandatangan dan Cop Rasmi)	
UNTUK KEGUNAAN JABATAN PENDAFTARAN NEGARA			
(D) PENGESAHAN PENDAFTAR Dengan ini, saya mengesahkan maklumat kematian di atas (Nama, Tandatangan dan Cop Pendaftar) Tarikh:		(E) KEPUTUSAN PENDAFTAR BESAR / PENGUSAHA PENDAFTAR (Seksyen 21) (Cop dan tandatangan Pendaftar Besar / Pengusaha Pendaftar) Tarikh:	

No. Permohonan	
(A) MAKLUMAT SIMATI	
<p>1. Nama Penuh</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>4. Umur</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: small; margin-top: -10px;">Tahun Bulan Hari</p> <p>5. Jantina</p> <div style="display: flex; align-items: center; gap: 10px;"> <input type="checkbox"/> L Lelaki <input type="checkbox"/> P Perempuan <input type="checkbox"/> R Ragú </div> <p>8. Alamat Terakhir Sebelum Kematian</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>10. Tempat Kematian</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>12. Tarikh Lahir</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: small; margin-top: -10px;">Hari Bulan Tahun</p> <p>13. Negeri Kematian</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>15. Sebab Kematian</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>2. No. Dokumen Pengenalan Diri</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3. Jenis Dokumen Pengenalan / Negara Pengeluar</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>6. Keturunan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7. Warganegara</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>9. Agama</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Islam <input type="checkbox"/> Buddha <input type="checkbox"/> Lain-lain. Nyatakan: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Kristian <input type="checkbox"/> Hindu </div> </div> <p>11. Tarikh Kematian</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: small; margin-top: -10px;">Hari Bulan Tahun</p> <p>14. Waktu Kematian</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: small; margin-top: -10px;">Jam Minit Pagi / Petang / Tengahari / Malam</p> <p>16. Tempat Kutipan Sijil Kematian JPN:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
(B) MAKLUMAT PEMAKLUM	
<p>17. Nama Penuh</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>20. Hubungan Dengan Simati</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>23. Alamat</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>18. No. Dokumen Pengenalan Diri</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>19. Jenis Dokumen Pengenalan / Negara Pengeluar</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>22. No. Telefon</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Saya membuat akuan bahawa segala maklumat yang diberikan dalam borang ini adalah benar dan betul.</p> <p style="text-align: right; margin-right: 50px;">..... (Tandatangan/Cap Ibu Jari Kanan)</p>
(C) MAKLUMAT PEGAWAI YANG MENGELUARKAN PERMIT MENGUBUR / PENGESAH KEMATIAN	
<p>24. Tarikh Pendaftaran</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: small; margin-top: -10px;">Hari Bulan Tahun</p> <p>28. Nama Penuh</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>29. Tempat Laporan / Permit Mengubur Dikeluarkan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>25. No. Dokumen Pengenalan Diri</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>26. Jenis Dokumen Pengenalan / Negara Pengeluar</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>27. Pekerjaan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Saya mengesahkan sebab-sebab kematian di atas.</p> <p style="text-align: right; margin-right: 50px;">..... (Tandatangan dan Cop Rasmi)</p>
UNTUK KEPUNAAN JABATAN PENDAFTARAN NEGARA	
(D) PENGESAHAN PENDAFTAR Dengan ini, saya mengesahkan maklumat kematian di atas <div style="border-bottom: 1px solid black; width: 100%; text-align: center; margin-top: 20px;">(Nama, Tandatangan dan Cop Pendaftar) Tarikh: _____</div>	(E) KEPUTUSAN PENDAFTAR BESAR / PENGUSAHA PENDAFTAR (Seksyen 21) <div style="border-bottom: 1px solid black; width: 100%; text-align: center; margin-top: 20px;">(Cop dan tandatangan Pendaftar Besar / Pengusaha Pendaftar) Tarikh: _____</div>

Perincatan: Dokumen ini tidak diiktiraf sebagai Sili Kematian

Permit Mengubur MF 13

M.F. 13		M.F. 13	
<u>SABAH, MALAYSIA</u>		<u>SABAH, MALAYSIA</u>	
..... 20 20	
No.		No.	
This is to certify that the Burial of		This is to certify that the Burial of	
.....		
may be proceeded with		may be proceeded with	
..... <i>Medical Officer.</i>	 <i>Medical Officer.</i>	

Borang B (JPN) Daftar Kematian (Ordinan Pendaftaran Kelahiran dan Kematian Sabah 1951 (CAP 123)



**JABATAN PENDAFTARAN NEGARA
MALAYSIA**

BORANG B

DAFTAR KEMATIAN (Ordinan Pendaftaran Kelahiran dan Kematian Sabah, 1951 (Cap. 123))	
No. Daftar <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	
UNTUK KEGUNAAN PEJABAT	
Kod Pejabat Pendaftaran <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	Tarikh Permohonan <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; 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<div style="display: inline-block; border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-right: 5px;">A</div> MAKLUMAT SIMATI	
<p>1. No. Kad Pengenalan/No. Daftar Lahir</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>1a. Kategori Kad Pengenalan</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">A</div> Awam <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">P</div> Polis <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">T</div> Tentera </div>
<p>2. No. Dokumen Pengenalan Lain (Jika Ada)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>3. Jenis Dokumen Pengenalan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>4. Negara Pengeluar Dokumen Pengenalan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4. Nama Penuh</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
<p>6. Alamat</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>7. Poskod</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>8. Bandar</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>9. Negeri</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>10. Pekerjaan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>11. Tarikh Lahir</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> Hari Bulan Tahun </div>	<p>12. Anggaran Umur Semasa Kematian</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Tahun</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Bulan</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Hari</div> </div>
<p>13. Jantina *</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">L</div> Lelaki <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">P</div> Perempuan <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">R</div> Ragu </div>	
<p>14. Warganegara</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>15. Keturunan</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>16. Agama*</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">1</div> Islam <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">2</div> Kristian <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">3</div> Buddha <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">4</div> Hindu <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">5</div> Lain-lain, Nyatakan _____ </div>	

<div style="display: inline-block; border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-right: 5px;">B</div> MAKLUMAT KEMATIAN	
<p>17. Tarikh Kematian</p> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> Hari Bulan Tahun </div>	<p>18. Waktu Kematian*</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 10px;">Waktu</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Pagi</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Petang</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">T. Hari</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 10px;">Malam</div> </div> </div>
<p>19. Sebab Kematian</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>20. Tempat Kematian</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>21. Negeri Kematian</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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(Tandatangan/Cap Ibu Jari Kanan Pemaklum)

<div style="display: inline-block; border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-right: 5px;">F</div> DIISI OLEH PENDAFTAR	
42. No. Kad Pengenalan <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; height: 10px; background: repeating-linear-gradient(90deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div>	43. No. Dokumen Pengenalan Lain (Jika Ada) <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; height: 10px; background: repeating-linear-gradient(90deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div>
44. Jenis Dokumen Pengenalan <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	45. Masa Laporan <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div style="text-align: center;"> Waktu <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="text-align: center;"> : <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> Pagi <input type="checkbox"/> T. Hari </div> <div style="text-align: center;"> <input type="checkbox"/> Petang <input type="checkbox"/> Malam </div> </div>

46. Nama Penuh																			
47. Dokumen-dokumen yang diserahkan	Jenis Dokumen	Catatan		-----------------------	---------		Kad Pengenalan			Sijil Kelahiran			Sijil Kewarganegaraan						Dengan ini, saya mengesahkan maklumat kematian di atas. (Nama, Tandatangan dan Cop Jabatan)
G **MAKLUMAT BAYARAN**																			
48. No. Resit Bayaran	**49. Tarikh Dikeluarkan** / / Hari Bulan Tahun																		
50. Jumlah Bayaran: RM -																			
H **AKUAN BERKANUN PEMOHON *(Hanya Untuk Pendaftaran Kematian Kod 03)***																			
Saya/Kami membuat akuan ini dengan kepercayaan bahawa apa-apa yang terdapat dalam borang ini adalah benar serta menurut peruntukan-peruntukan Akta Akuan Berkanun 1960. Diperbuat dan dengan sebenar-benarnya diakui oleh yang tersebut di atas.																			
(1) (Nama Pemohon Pertama) (No. Kad Pengenalan)																		
(2) (Nama Pemohon Kedua) (No. Kad Pengenalan)																		
di di negeri pada hari/bulan tahun																			
Di hadapan saya, (Tandatangan Yang Dipertua, Mahkamah Tengah, Pengadil atau Pesuruhjaya Sumpah)																			
I **ULASAN PEGAWAI DAN KEPUTUSAN PENDAFTAR WILAYAH *(Hanya Untuk Pendaftaran Kematian Kod 03)***																			
Ulasan/Syor Pegawai :																			
Tarikh : (Nama, Jawatan dan Tandatangan)																		
Keputusan Pendaftar Wilayah : Lulus/Tolak																			
Tarikh :																			

Form VIII Medical Certificate of Cause of Death (BD9/68)

(BD.9/68)

Serial No. MCD

136568

FORM VIII MEDICAL CERTIFICATE OF CAUSE OF DEATH**(To be used by a Medical Practitioner only)**

The Registration of Births and Deaths Ordinance, 1951, Sarawak.

To be given by the Medical Practitioner to the person whose duty it is to report the death. "The Information" must hand this Certificate to the Registrar of the District at the time of reporting the death.

I hereby certify that I attended

(BLOCK LETTERS)

N.R.I.C. No. Sex Age during $\frac{\text{his}}{\text{her}}$ last illness; and

that I saw $\frac{\text{him}}{\text{her}}$ alive on 20.....; that $\frac{\text{he}}{\text{she}}$ died*

on the day of 20..... at (address)

and that to the best of my knowledge and belief the cause of $\frac{\text{his}}{\text{her}}$ death was as hereunder written:

Immediate cause of Death

Due to (or as a consequence of)

Due to (or as a consequence of)

Witness my hand, this day of 20.....

Signature

Name Qualification

(BLOCK LETTERS)

N.R.I.C. No. Address

N.B. This Certificate is intended **solely** for the use of the Registrar, to whom it should be delivered by the person reporting the death. An informant omitting or neglecting to deliver this Certificate to the Registrar shall be liable to imprisonment for six months and a fine of one thousand ringgit on conviction.

*Should the Medical Practitioner not feel justified in taking upon himself the responsibility of certifying the fact of death, he may here insert the words "as I am informed".

All persons are cautioned against accepting or using this Certificate for any purpose whatever except of delivering it to the Registrar.

PNMB, Kch. JD 964516

S.O.P of Forensic Medicine Services, 2012

Body Identification Tag (White Tag)

TAG PENGENALAN MAYAT KES BIASA/ BUKAN KES POLIS	
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:	
BIOHAZARD	YA / TIDAK / TIADA MAKLUMAT
T/T:	

Body Identification Tags (Red Tag)

**TAG PENGENALAN MAYAT
KES POLIS**

P. _____ / (KEGUHAAN FORENSIK)

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

BIOHAZARD	YA / TIDAK / TIADA MAKLUMAT
------------------	------------------------------------

T/T :

PSSB.KL.

Borang Pengendalian Mayat

 KEMENTERIAN KESIHATAN MALAYSIA BORANG PENGENDALIAN MAYAT		NO. BEDAHSIASAT
A. MAKLUMAT SI MATI:		Tarikh di tuntut:
Nama Simati:		
Tarikh kematian:		*Tempat/ Wad Kematian:
Dokumen simati (jika ada) No KP:		No. Sijil Kelahiran: No. Paspot:
No. Daftar Hospital:		Umur:
Jantina: Lelaki <input type="checkbox"/> Perempuan: <input type="checkbox"/>		Warganegara: Ya <input type="checkbox"/> Tidak(Nyatakan) <input type="checkbox"/>
Keturunan: Melayu <input type="checkbox"/> Cina <input type="checkbox"/> India <input type="checkbox"/> Lain(nyatakan) <input type="checkbox"/>		
Agama: Islam <input type="checkbox"/> Kristian <input type="checkbox"/> Buddha <input type="checkbox"/> Hindu <input type="checkbox"/> Lain – lain (Nyatakan) <input type="checkbox"/>		
Alamat terkini simati:		
Poskod		
Kategori kes: Biasa <input type="checkbox"/> kes polis <input type="checkbox"/> Kes penyakit berjangkit <input type="checkbox"/>		* Inspektor Kesihatan telah dimaklumkan: ya <input type="checkbox"/> Tidak <input type="checkbox"/>
* Nama Pegawai penyiasat:		No. Anggota
Nama Balai:		No. Tel / HP:
B. Harta benda si mati:		
<input type="checkbox"/> Ada <input type="checkbox"/> Tiada Jika ada(nyatakan): 1. 2. 3. 4.		Diterima oleh: Nama Pem.Perubatan: Tarikh & masa: Diserahkan kepada Anggota Polis: Nama: No. Anggota & Pangkat: Tarikh & masa diterima: Tandatangan:

1.

C. Pengecaman mayat:

<p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>Pengecaman ini berdasarkan kepada:</p> <p><input type="checkbox"/> Pengecaman muka simati</p> <p><input type="checkbox"/> Pakaian/ barang kemas / lain – lain artifak</p> <p><input type="checkbox"/> Lain – lain cara:</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Tanda – tanda fizikal <input type="checkbox"/> Tanda tattoo <input type="checkbox"/> Cap jari <input type="checkbox"/> Odontologi <input type="checkbox"/> DNA <input type="checkbox"/> Lain – lain. </p>	<p><u>Pengecaman mayat di buat bersama:</u></p> <p>1. Nama Pembantu Perubatan</p> <p style="padding-left: 20px;">Tarikh & masa :</p> <p style="padding-left: 20px;">Tanda tangan:</p> <p>2. Nama Waris :</p> <p style="padding-left: 20px;">No:KP / Paspot:</p> <p style="padding-left: 20px;">Hubungan:</p> <p style="padding-left: 20px;">No. Tel/ HP:</p> <p style="padding-left: 20px;">Tandatangan:</p> <p style="padding-left: 20px;">Tarikh & masa:</p>
<p><u>D. Permohonan Penyimpanan Mayat:</u></p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>Tempoh masa:</p> <p>Dari tarikh: Hingga:</p> <p>Pegawai yang meluluskan: (cop dan tandatangan)</p> <p style="font-size: small; margin-top: 20px;">* Saya faham dan bersetuju bahawa sekiranya saya gagal untuk menuntut mayat diatas dalam jangkamasa yang telah ditetapkan (tidak lebih dari 2 minggu dari tarikh kematian) maka pihak hospital berhak, sekiranya perlu menguruskan mayat diatas seperti ' mayat yang tidak di tuntut '.</p>	<p>Nama pemohon:</p> <p>No.KP/Paspot:</p> <p>Hubungan:</p> <p>Tarikh & masa:</p> <p>No.Tel/ HP:</p> <p>Tandatangan:</p>

E. PENYERAHAN MAYAT:

<input type="checkbox"/> Dalam negeri <input type="checkbox"/> Luar negara (sila sertakan salinan surat dari kedutaan berkenaan)	Nama * waris / wakil:
No: Permit Menguburkan:	No.KP/ Paspot:
No: * LM 09 / LM 10 :	Hubungan:
Borang JPN. LM 02 : Ada <input type="checkbox"/> Tiada <input type="checkbox"/>	Tarikh & masa:
Nama Pembantu Perubatan:	No.Tel/ HP:
Tarikh & masa :	Tandatangan:
Tandatangan:	<u>Kenderaan Mayat:</u>
	Nama Pemandu:
	No.KP:
	No. Kendeaan:
	No.Tel/HP:
	Tempat di tuju:
* Potong yang tidak berkenaan.	

F. PERMOHONAN MENGGUNAKAN KEMUDAHAN BILIK PENGURUSAN MAYAT :

Ada : ☐

Tiada: ☐

1. BILIK PENGURUSAN MAYAT UNTUK ORANG ISLAM ☐

X

2. BILIK PENGURUSAN MAYAT UNTUK ORANG BUKAN ISLAM ☐

Saya:.....No;KP:.....adalah waris simati yang

bernama:....., ingin memohon untuk menggunakan bilik mayat berkenaan. X

2. Saya telah mewakili Syarikat berkenaan:.....untuk menguruskan mayat bagi pihak kami, dengan kadar bayaran yang telah ditetapkan sebanyak: RM.....

Pengurusan ini akan dibuat pada:..... X

3. Urusan pengangkutan mayat balik adalah dengan menggunakan * kenderaan hospital / pihak Konsortium dan akan dibawa balik ke alamat:.....

dengan kadar bayaran pengangkutan sebanyak RM:..... X

4. Sehubungan dengan itu, saya berjanji akan membersihkan semula bilik berkenaan apabila telah selesai di gunakan nanti. X

Sekian terima kasih.

Yang benar

Diluluskan Oleh:

Nama:
No: KP:

B/p Pengarah,
Hospital Kuala Lumpur.

* Potong mana yang tidak berkenaan.

* Pada bahagian yang bertanda 'X' waris hendaklah membuat tandatangan ringkas untuk memastikan mereka faham.

Borang Pengendalian Spesimen Mediko - Legal

KEMENTERIAN KESIHATAN MALAYSIA

BORANG PENGENDALIAN SPESIMEN MEDIKO – LEGAL :

* NO: BEDAHSIASAT / NO: RUJUKAN :

POLIS RPT. NO :

Saya.....No. Anggota/ No: KP :.....
(Nama pegawai penerima)

Pangkat / Jabatan:.....

Mengaku menerima pecimen yang disenaraikan dibawah ini, bagi kes yang tersebut diatas, pada:.....
(tarikh dan masa)

A. SENARAI SPESIMEN YANG DIAMBIL:

- 1:
- 2:
- 3:
- 4:
- 5:

- B. 1. Bekas specimen di labelkan oleh:.....
2. Specimen di ambil oleh :.....
3. Specimen di meterai/ seal oleh :.....

.....
Tandatangan Penerima Specimen.

Nama:

Jawatan:

Tarikh & masa:

No: Tel/ HP :.....

.....
Tandatangan Pegawai yang menyerahkan Specimen

Nama:

Jawatan:

Tarikh & masa:

NOTA: - SALINAN ASAL AKAN DIBERIKAN KEPADA PEGAWAI PENYIASAT.

- SALINAN PENDUA ADALAH UNTUK PEGAWAI PERUBATAN / PAKAR FORENSIK DAN FAIL.

* - NO: BEDAHSIASAT MULAKAN DENGAN HURUF 'P' DAN KES KLINIKAL MULAKAN DENGAN HURUF 'K'.

**Borang Permohonan Bagi Pemeriksaan Forensik/Toksikologi
(Kimia 15 –In 1/2004)**

(Kimia 15–Pin. 1/2004)

**BORANG PERMOHONAN BAGI PEMERIKSAAN FORENSIK/ TOKSIKOLOGI**

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

Cop Meterai/Seal
Keselamatan

JABATAN KIMIA MALAYSIA

*PETALING JAYA (03-79833000)/P. PENANG (04-229 3778)/IPOH (05-546 6001)/
MELAKA (06-233 1688)/JOHOR BAHRU (07-222 6366/ 07-222 6369)/
K. TERENGGANU (09-620 3077)/KUALANTAN (09-566 2400)/BINTULLI (086-334 211)/
KUCHING (082-313 011)/KOTA KINABALU (088-259 090)/

Bahagian 1:

a) Butiran Kes Hidup ☐ Mati ☐ Tidakkan (X) yang berkenaan

* Buktikan yang berkenaan

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

b) Keadaan Kes: *Makan racun atau ubat/jatuh dari bangunan/kemalangan jalannya/
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) Pemindahan darah dijalankan semasa pengawasan/sebelum kematian: *Ya/Tidak/Tidak diketahui

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

Bahagian 2:

a) Butiran Specimen

Specimen	Tandaan	Masa dan Tarikh diambil	Analisis diperlukan
Darah			<input type="checkbox"/> Alkohol
Air Kencing			<input type="checkbox"/> Racun makhluk perasat
Kandungan Perut			<input type="checkbox"/> Dadah
Cucian Perut/ Muntah			<input type="checkbox"/> Bahan Kerosian
Lain-lain (sila nyatakan) :			<input type="checkbox"/> Gas
			<input type="checkbox"/> Logam
			<input type="checkbox"/> Bahan Pelarut
			<input type="checkbox"/> Lain-lain (nyatakan)

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

b) *Symptom* _____

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

Tandatangan: _____ Tarikh: _____

Nama Pegawai Perubatan: _____

Jawatan: _____

Hospital: _____

Telefon: _____

Borang Perkhidmatan Patologi (PER.PAT 301)

NO LAPURAN POLIS:



KEMENTERIAN KESIHATAN MALAYSIA
PERKHIDMATAN PATOLOGI
HOSPITAL TENGKU AMPUAN AFZAN
KUANTAN

(PER-PAT 301)



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:		Jaundice Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		Lymphadenopathy Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		Hepatomegaly Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		Splenomegaly Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		Bleeding Tendency Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		H/O Transfusion Ya <input type="checkbox"/> Tidak <input type="checkbox"/>																																				
		Haematinics																																				
		Drug/Chemical History																																				
		Data Makmal Terdahulu																																				
		Hb Platelet TWDC																																				
15. Diagnosis:																																						
16. Kategori Permohonan/Jenis Ujian:																																						
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Specimen																																						
Lain-lain																																						
17. Pengambilan Specimen: Tarikh: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Masa: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																						
18. Nama Doktor:																																						
19. Tarikh: Tandatangan dan Cop Doktor																																						

6.0918—PNSMB—T

LAPORAN "SILA LIHAT SEBELAH"

Borang Institute For Medical research, Kuala Lumpur
IMR (Med 135)

(Medl. 135)

INSTITUTE FOR MEDICAL RESEARCH, KUALA LUMPUR

Lab. No.

PATHOLOGICAL SPECIMENS

This form to accompany all specimens for examination except Police exhibits (Form Police 31)

Hospital	Town	Reg. No.
Name	Age	Occupation
Sex	Nationality	Date admitted
Length of residence in Malaya		Disease suspected
Date of onset		Date specimen collected
Results of previous Wassermann, or other blood examination (if any)		
Clinical Summary and Treatment		

Nature of specimen

Examination required

Date

Signed.

NOTE.—In the case of specimens obtained from post-mortem, the autopsy findings should be included with the clinical summary.

L—PNMB.. K.L.

REPORT OVERLEAF

GUIDELINES FOR DEATH MANAGEMENT OF FOREIGNERS

1. Introduction.

- 1.1 When the next-of-kin of the deceased is unable to come to Malaysia for positive visual identification, the identification is done by the employer, colleague, friend or the embassy representative.
- 1.2 Identification of the body by these third parties can be disputed by the actual next-of-kin when the body is sent back to the country of origin. This dispute of identity may arise even if the body is not sent back to the country of origin.
- 1.3 Therefore these guidelines have been prepared to ensure no dispute arises in the matter of identification and determination of identity of the deceased.

2. Objective

To obtain and keep additional evidence of identity of the body in case of dispute by the next of kin such as:

- I. Photography – of face
- II. Photography of tattoos or any identifying marks on the body
- III. Photography of the visual identification by next of kin /third parties
- IV. Biological DNA sample

3. Scope

These guidelines are to be used for deaths concerning all foreigners that are managed by the Forensic Medicine Departments/Units of all Ministry of Health Hospitals throughout the country.

Unknown foreigners will be managed in accordance with the existing unclaimed body guidelines available.

4. Definition

Foreigner: An individual that is not a Malaysian inclusive of illegal immigrants

5. Additional Procedures

No	Activity	Responsibility
5.1	<p>As soon as the body of a foreigner (non post mortem case) is received at the mortuary the following must be done as soon as practicable :</p> <p>5.1.1 Photography of the face</p> <p>5.1.2 Photography of all tattoos /identifying marks</p> <p>5.1.3 Photography of the identification of third party where applicable</p> <p>5.1.4 Biological sample for DNA i.e. ten strands of scalp hair pulled out (not cut). If bald, use other hair available.</p> <ul style="list-style-type: none"> • Ensure the face is not covered and fully visible • DNA sample is for safe keeping – not to be given to police • Hair is non intimate sample. No consent is necessary. 	Assistant Medical Officer
5.2	<p>If it is a post mortem case, photography can be done as part of the post mortem procedure. The hair can be substituted with blood for DNA using FTA card.</p> <p>For homicide cases, the blood for DNA will be given to the Police.</p>	Assistant Medical Officer
5.3	<p>All the photographs and samples must be kept a separate file for a minimum of ten years. All specimens taking must adhere to guidelines of specimen taking available.</p>	Assistant Medical Officer
5.4	<p>All photographs and specimens must be kept in the Forensic department/Unit in accordance with Hospital Safety Policy.</p>	Assistant Medical Officer

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