

PENNSYLVANIA DEPARTMENT OF HEALTH

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#### **Version History**

Changes	Version #	Date	Approver
Document Creation	1.0	19 August 2024	Department of Health



### 1. Introduction

#### Welcome

Welcome to eVitals, the Pennsylvania Department of Health's new vital records management system for death reporting. This system supports the electronic registration and records management of birth and death records.

eVitals modernizes the electronic registration and management of Pennsylvania's vital records. This effort includes expanding integration with third-party software; improvements in managing Pennsylvania's 25 million vital records and improved in-person experiences when ordering services at one of our six Vital Records public offices.

#### Purpose

The purpose of this training guide is to provide learners at licensed Pennsylvania medical facilities with a comprehensive training guide for reporting a death in eVitals.

#### Audience

This document is intended for the following users at a licensed medical facility:

- Data Entry specialists
- Pronouncers
- Certifiers

The intent of this document is to provide users at licensed Pennsylvania medical facilities, regardless of experience, with a one-stop-shop for working with cases when reporting a death.

**NOTE**: In the event your facility also reports births, you have the ability to be assigned a job role for reporting births. Please reach out to <u>RA-DHEBRS@PA.GOV</u> for assistance on recording live births in eVitals.

#### Resources

eVitals

#### **Benefits**

As a medical facility user, you have the ability to enter the place of death in the death case and the funeral home has the ability to edit the place of death. The reporting forms for maternal and rare cause of death now auto-generate in the case and also the ability to do a coroner/ME referral within the system.



#### Accessing eVitals

Please visit the eVitals document library for information on the following:

- Change Business Partner email or password
- Change Business Partner security questions
- Retrieve Business Partner forgotten username or password
- Request access to a new facility

You can access the eVitals document library here.

#### Logging into eVitals

1. Enter the URL you were provided into your browser window.

**NOTE**: eVitals works in any browser however we recommend that you use the current version of Microsoft Edge or Google Chrome for optimal performance.

2. Click the Business Partner Login button.



Figure 1 - eVitals Business Partner Login page



3. Enter your Username and password, then click the **LOGIN** button.

PA pennsylvania							
3	Keystone Key	Self-service for Commonwealth Employees					
c-jepickies		Change CWOPA Password or Hint Questions					
	LOGIN						
	WARNING! US GOVERNMENT SYSTEM an SERVICES SYSTEM. Unauthorized access is Computer Fraud and Abuse Act of 1986". Use TO MONITORING AT ALL TIMES and is not s Unauthorized use of or access to this system penalties under state or federal law. This stat Department of Human Services Security and	d DEPARTMENT OF HUMAN s prohibited by Public Law 99-474 "The e of this system constitutes CONSENT subject to ANY expectation of privacy. may subject you to civil or criminal ement is being posted by the Audits Unit.					
	Copyright© 2021 by the Commonwealth of Po	ennsylvania. All Rights Reserved.					
	Figure 2 - eVital	's Login page					

4. Enter your security PIN, then click the **SUBMIT** button to continue.

PA pennsylvania				Help
	Ente	r Your Secur	ity PIN	
Enter Your Scourity PIN	Please enter the Secu enrollme If you have forgotten you	rity PIN that you have ch ent in the field below and ur Security PIN, click on t the process to reset yo	osen for advanced a click the "Submit" t he "Forgot PIN?" lir ur Security PIN.	authentication during button. nk below and complete
Security Pix	Security PIN	Username: C	-jepickles	Forgot PIN2
	Security Pire.	SUBMI		T OLGOT PINY!

Figure 3 - Enter Security PIN



#### Accessing Multiple Facilities

If you are associated with one facility, you are taken to the eVitals dashboard, also called the Home Page. If you are associated with multiple facilities, you are prompted to select the facility you want to work from.

#### Selecting a Facility

- 1. Select a facility from the drop-down list.
- 2. Click the **Go to Unit** button.

	eVitals : GCOM Software	
	Select Facility	
	Regional Hospital of Scranton	
2	Go to Unit	

Figure 4 - Select Facility page



#### Navigating the Dashboard

The eVitals dashboard is your homepage to managing and working with death cases created by your facility and cases sent to your facility from another facility. On the left side of your dashboard is the **Navigation Panel**. You can access your dashboard from anywhere in eVitals by clicking the **Department of Health logo** in the upper-left corner of your screen.

Department of	Health			Welcome Jennifer Pickles	0 🌣 🕷 Logout
				Regional Hospital of Scranton	~
	Droforrod (				
Main	, Preieneu C	Jueues			
Life Events	> All Queues				
Reports	>				
Admin	, System Me	essages			
	Death	Amendments			
	From	Facility	Message		Sent Date

Figure 5 - Dashboard - Dept. of Health Logo & Navigation Menu button

Click the **Navigation Menu** button in the Navigation Panel to expand the categories. Depending on your job role you may only see certain categories:

- Main Request access to a new facility, view the status of the request, set up preferred queues, view your profile
- Life Events Search for an existing case, create a new case
- **Reports** View and run canned facility reports
- Admin If your job role has this category, allows you to search for other users

In the upper-right corner of your Dashboard, the Welcome text displays. Below the Welcome text is a drop-down list you can use to change facilities if you are associated to more than one facility. Above the drop-down is the <u>Logout</u> link. To prevent any issues the next time you log into eVitals, click the <u>Logout</u> link at the end of each session.



Figure 6 - Welcome Text, Upper-Right Corner



There are three icons above the Logout link:



Figure 7- Help, My Profile, and Dashboard Icons

- The **Help** icon displays job aids/quick reference guides for eVitals.
- The **My Profile** icon displays your profile information. You can view your personal information, your facilities and roles information, and login history.
- The **Home** icon returns you to your dashboard regardless of where you are in eVitals.

As a case progresses through the creation process it moves across multiple queues. A case will sit in a queue until it is ready to be worked. Depending on your job role, you can view a list of all queues a case can sit in via your dashboard.



#### Accessing Queues

You can manage your workload by monitoring the queues on your dashboard. You can view the queues you have access to by displaying the queues under the **Queue List** or setting up **Preferred Queues**.

The Queue List displays a repository for cases depending on their case status. Next to each queue name is the count of how many cases are sitting in that queue and then on the far right displays the age of the oldest case in the queue. \

Certification Required Death	1	15 days 2 hours old
Death New Event	7	61 days 17 hours old
Duplicate- Exact	1	5 days 4 hours old

Figure 8 - Queue List Sample

You can use the colors to help manage productivity at your facility and to ensure that deaths are reported to the Department of Health in the required timeframe. (All deaths must be reported within 4 business days.)

- Red The oldest case is 25 days or older.
- Yellow The oldest case is between 10 24 days old.
- No color The oldest case is less than 10 days old.

#### Viewing the Queue List

1. Click the **All Queues** button <sup>(\*)</sup> All Queues to display the list of queues.

		Ę		Welcome Jennifer Pickles Regional Hospital of S	②     ✿     ★       Logout       Scranton
≡	1	Preferred Que All Queues	eues		
		System Mess	Amendments		

#### Figure 9 - All Queues button



2. Click the name of the queue you would like to view the cases.



Figure 10 - Queue List, Medical Pending Death

3. Click the <u>Case ID</u> to display the case.

	Ş	1						Weld Jennife	COME er Pickles	Ø	¢ Logo	希 out
	7							Regio	nal Hospital	of Scrant	on v	
≡	N	Nedical Per Show 25	nding Death				Search:					
		Case 🔺 ID	Decedent's Legal Name	Date of Death	¢	Sex 🔶	Statu Date	s ♦	Assign To			
		37719227	Sliber, rainer	Dec 20, 2023		Female	Feb 20,	2024				
	3	37719283	O'Malley, Jane	Jan 31, 2024		Female	Dec 23	, 2023				
		37719356	Drop, Ball	Dec 25, 2023		Female	Dec 28	, 2023				
		Showing 1	to 3 of 3 entries					Previ	ious 1	Next		
										Back		
	3	37719227 37719283 37719356 Showing 1	Sliber, rainer O'Malley, Jane Drop, Ball to 3 of 3 entries	Dec 20, 2023 Jan 31, 2024 Dec 25, 2023		Female Female Female	Feb 20, Dec 23 Dec 28	2024 , 2023 , 2023 Previ	ious 1	Next Back		

Figure 11 - Medical Pending Death Case List



The case opens to the Decedent tab.

	13	Welcome 🔮	) 🗘 🌴						
	Department of Health	Jennifer Pickles	Logout						
		Regional Hospital of Scranton	~						
≡	Death Registration								
	Personal Information	Ketum to Queue Save							
	O Decedent	Case ID: 37719283 Decedent Name: Jane O'Malley Event Date: Jan-31-2024							
	<ul> <li>Place of Death</li> </ul>	Profit Place Deviced Userial of Occurring							
	Medical Information	Death Mace: Regional Hospital of Scranton							
	Pronouncement	Case Status: Medical Pending Personal Pending Fact Of Death Valid Pronouncement Required							
	<ul> <li>Cause of Death</li> </ul>	Uncertified Unsigned Unregistered							
	<ul> <li>Other Factors</li> </ul>								
	<ul> <li>Certifier</li> </ul>	Decedent							
	Other Links								
	Relinquish Case	Decedent Name							
	Documentary Evidence	First Middle							
	Case Messages	Jane							
	Drop To Paper	Last Suffix							
	Print Forms	O'Mallay Select one							
	Refer to Coroner/ME								

Figure 12 - Decedent tab of a Case

#### Viewing Preferred Queues

Preferred Queues are a list of frequently accessed queues you that display on your dashboard. You can use the queues to monitor productivity, workload, or follow processes your organization may have in place for case handling. If you have access to multiple facilities, you can set up different preferred queues for each facility. When setting up Preferred Queues, you can set up a maximum of seven queues.

#### Setting Up Preferred Queues

- 1. Click the **Navigation Menu** button in the Navigation Panel to expand the categories.
- 2. Click the **Main** category to further expand the options.

	Department of He	ealth			Welcome Jennifer Pickles	2 ¢ Logo	aut 🕈
1					Regional Hospital of Scranton	~	r I
	All Categories       Main     2       Life Events     >       Reports     >       Admin     >	Preferred Qu All Queues System Mes	ueues ssages				
		Death From	Amendments Facility	Message		Sent D	Date

Figure 13 - Setting up Preferred Queues



Add

3. The additional options display. Click Preferred Queues.

	¥.			Welcome Jennifer Pickles	0 🌣 🌴 Logout
	9			Regional Hospital of Scrantor	· ~ ]
≡	Main	Drafarrad			
	Back	Preierred Qu	leues		
	Home	All Queues			
	Link DAVE Profile				
	New Facility Request	System Mes	sades		
	Facility Request Status			1	
3	Preferred Queues	Death	Amendments		
	My Profile	From	Facility	Message	
			,	-9-	

Figure 14 - Setting up Preferred Queues

- 4. If you are associated with multiple facilities, select the facility you are setting up Preferred Queues for from the drop-down list.
- 5. Select the queue you would like to add from the Available Queues list, then click the

button to move it to the Selected Queues list.

**NOTE**: Hold down the Ctrl key on your keyboard and select up to seven queues to add to your Selected Queues list.

6. Click the **Save** button to continue.

	Welcome	004
8 / · · · · · · · · · · · · · · · · · ·	Jennifer Pickles	Logout
	Regional Hospital of Scra	anton 🗸
Preferred Queues		
Functional Entity		
4 Regional Hospital of Scranton × V		
Available Queues	Selected Queues	
Filter	Filter	
Medical Certification Request Death - Sent         Medical Certification Request Rejected         Medical Pending         Need Response         New Amendments         Pending Transfer Medical Ownership - Rec         Pending Transfer Medical Ownership - Sen	Duplicate- Exact  Duplicate-Potential Medical Pending Death Pending Medical Certification Death Pronouncement Required Death	
	6 save	Cancel

Figure 15 - The Preferred Queues page



The queues you selected display on your dashboard. Similar to the queues that display under the All Queues list, your Preferred Queues are color coded based on the age of the oldest in the queue:

- Red The oldest case is 25 days or older.
- Yellow The oldest case is between 10 24 days old.
- No color The oldest case is less than 10 days old.

Ę.			Jennifer Pickles
			Regional Hospital of Scranton
Proforrad (			
r referieu e	Jucues		
All Queues			
1 Q Medical Pen	ding Death / Pending Med	lical Certification 7 Pronouncem	ent Required 1 Duplicate-Potential
1 7 63 days 14 hou	urs old 43 days 14 hou	rs old Z3 days 20 hou	I 9 days old
1 Duplicate- Exact	t		
7 days 1 hour old			
System Me	essages		
System Me	essages		
System Me	essages Amendments		
System Me	Amendments		
System Me Death From	Amendments Facility	Message	Sent Date
System Me Death From	Amendments Facility	Message	Sent Date
System Me Death From	Amendments Facility	Message	Sent Date

Figure 16 - Preferred Queues display on Dashboard



#### System Messages

System Messages are job-role specific messages that display on your dashboard. They display according to the facility you are logged into. As a Medical Facility User, you may see tabs for Death, or Amendments.

IOTE: If you are a birth data entry user you may also see tabs for birth.								
Ş	1			Welcome I to spiral of Scranton				
E Pr	eferred Qu All Queues vstem Mess	eues sages						
	Death	Amendments						
	Tom	Facility	Message	Sent Date				

Figure 17 - System Messages



#### eVitals Case Layout

eVitals contains the navigation panel on the left side of your screen and your workspace in the center. At the top of your workspace are your page navigation buttons **Previous** and **Next**. You can use these to navigate the pages of the case, or you can click the tabs in the navigation panel. The **Return to Queue** button takes you back to your previous search results for locating a death case and the **Save** button saves the information on the page. These buttons also display at the bottom of your screen.

		Welcome 🛛 😻 🌴
	Department of Health	Jennifer Pickles Logout
		Regional Hospital of Scranton 🔰 🤟
≡	Death Registration	
	Personal Information	Return to Queue Save Previous Next
	<ul> <li>Decedent</li> </ul>	Case ID: 37719283 Decedent Name: Jane O'Malley Event Date: Jan-31-2024
	O Place of Death	Basta Blass Decised Hermital of Corentee
	Medical Information	Death Place. Regional Hospital of Scranton
	Pronouncement	Case Status: Medical Pending Personal Pending Fact Of Death Valid Pronouncement Required
	Cause of Death	Uncertified Unsigned Unregistered
	<ul> <li>Other Factors</li> </ul>	
	Certifier	Place of Death
	Pronounce	Type of Place of Death
	Other Links	Hospital-Inpatient × V
	Relinquish Case	Facility Name
	Documentary Evidence	
	Case Messages	Regional Hospital of Scranton
	Drop To Paper	Address
	Print Forms	Audress

Figure 18 - eVitals Navigation buttons



#### Validation Types

As you complete the tabs in the navigation panel, colored validation dots display next to each tab, indicating the tab's status.

There are three types of validation indicators in the navigation panel or in a case:

• A red dot indicates a hard error on the page or a tab that you need to be complete. You cannot certify a case until all red dots are green.

• A yellow dot indicates a soft error. You still need to enter data for soft errors or correct soft errors however, eVitals also allows you to override the error via a Validation Message at the bottom of the page. The page will not save successfully until you correct the soft error.

• A green dot indicates the tab was saved successfully. Once all of the tabs have green dots you can certify the case.

When you save your information, eVitals performs a validation check in the background. It highlights any errors in red or yellow depending on the type of information you enter. Validation messages display at the bottom of your screen. For additional information on the types of validation messages, please see the Job Aid (Link to job aid GCOM will provide.)

If your page has a red dot or yellow dot after saving, check for hard or soft errors that need to be addressed.

- A red highlighted field indicates a hard error that must be addressed. The page cannot be saved until the error(s) are corrected.

- A yellow highlighted field indicates a soft error that must be addressed. The page cannot be saved until the error(s) are corrected or overridden at the bottom of the page.



#### Methods for Locating Cases

In eVitals, you can locate a case several ways, depending on the information you have. You can use the Queue List or your Preferred Queues if you know the queue where the case is sitting, waiting to be worked. If you are searching for a death case based on decedent information or information in the case, use the Locate Case feature under the Life Events category.

#### Locate a Case

Use the Locate Case feature to search for an existing case using information from the case. You can enter as little or as much information as you have available. You can also search using the wildcard character, the **percent (%) sign**. The wildcard character allows for variations in your search. It searches for a partial value match in the absence of the entire value. You can use the % character at the beginning, middle, or end of the search to return as many results as possible.

#### Locating a Case

 Click the Navigation Menu button → Life Events → Death → Locate Case to display the Locate Case page.

1						
■ All Categories			🗐 Life Events		۰	Back
Main	>		< Back	7		Locate Case
Life Events	>	$\rightarrow$	Death	>		Start New Case
Reports	>					

2. Enter your search criteria into the related fields, then click the Search button.

		Welcome	0 0
Department of Health		Jennifer	Logo
		Regional Hospital of	Scranton 🗸 🗸
Locate Death Case			-
First Name	2Last Name		
Tina	Tu%		
Date of Death Start	Date of Dea	th End	
	<b>(</b>		<b>*</b>
Case ID	ME Case Nu	mber	
Date of Birth	Medical Red	ord Number	
	<u> </u>		
SSN	Sex		
	Select one		~
Gender Designation (if different than Sex)			

Figure 19 - Locate Death Case Window



Your results display below the collapsed search bar. You can expand the Locate Death Case search criteria to search again using different parameters.

Department of Health	Welcome Ø 🌣 🌴
	Regional Hospital of Scranton v
Locate Death Case	+
	Clear Search
Course Desults	
Show 20 v entries	Filter
Case ID _ Decedent's Name	n Status
37719926 Tuna, Tina Feb 01, 2024 Female Jun 04, 1959 Unregistere	Q Preview
37719318 Tuna, Tina Dec 26, 2023 Female Unregistere	Q Preview
Showing 1 to 2 of 2 entries	Previous 1 Next
Viewing Set 1 of 1	
Total Number of Records 2	

Figure 20 - Search Results

You can organize multiple results using the Search Results features:

show 20 entries Search Entries: Displays the number of entries on your screen. The options are 20, 50, 100, or All.

Sort Arrows: At the end of certain column headers are arrows you can click to place your results in ascending or descending order.

**Filter**: Use the filter to further narrow down your results.

If you have multiple pages in your results, you can use the navigation buttons to also view the different pages in your search results.

**NOTE**: Abandoned and voided cases display in the results however they do not have an active case ID and their details are hidden due to being inactive.



Filter:

Next

#### Previewing a Case

Use the **Q** Preview button to display a summary of the case. Review the information to determine if the case is the one you want to continue working on.

Case Status:	Medical Pending	Personal Pending	Fact Of Death Pending	Uncertified	Unsigned	Unregistered
Case ID 37719318	Date o	f Death Dec 26, 202	23			
Decedent's Name Tina Tu	una Place d	of Death				
Sex Female	City or	Town of Death				
Gender Designation (If dif than Sex)	ferent Medica	al Record Number				
Date of Birth	ME Ca	se Number				
Mother/Parent's Name Pr First Marriage	Medica ior to	al Certifier				
Marital Status						
Spouse's Name						
Decedent's Residence						
Funeral Director						
Funeral Home						
Date Entered Dec 27, 202	23					
Last Updated by Jennife	r,					
Jennifer						

Figure 21 - Case Summary

After reviewing the case summary, if it is the case you want to work with, click the <u>Case ID</u> or the <u>Decedent's Name</u> in the Search Results to open the case.

8 <u> </u>			We	lcome	0
Department of Health			Jennif	fer Pickles	L
-			Regi	ional Hospital of Sc	ranton
Locate Death Case					
				Clear	Search
Search Results					
Show 20 v entries			Filter:		
Show 20 v entries Case ID v Decedent's Name	Date of Death	💠 Sex 💠 Date of Birth	Filter:		
Show 20 v entries Case ID v Decedent's Name 37719926 Tuna, Tina	Date of Death     Feb 01, 2024	Sex Date of Birth Female Jun 04, 1959	Filter: Registration Status Unregistered	¢ Q P	Preview
Show 20 ventries Case ID vecedent's Name 37719926 Tuna, Tina 37719318 Tuna, Tina	<ul> <li>Date of Death</li> <li>Feb 01, 2024</li> <li>Dec 26, 2023</li> </ul>	Sex     Date of Birth       Female     Jun 04, 1959	Filter:  Registration Status Unregistered Unregistered	¢ ۹ ۹	Preview Preview
Show 20 v entries Case ID v Decedent's Name 37719926 Tuna, Tina 37719318 Tuna, Tina Showing 1 to 2 of 2 entries	Date of Death           Feb 01, 2024           Dec 26, 2023	Sex     Date of Birth       Female     Jun 04, 1959	Filter:  Registration Status Unregistered Unregistered	¢ Q P Q P Previous 1	Preview Preview Next
Show 20 ventries Case ID vecedent's Name 37719926 Tuna, Tina 37719318 Tuna, Tina Showing 1 to 2 of 2 entries	Date of Death           Feb 01, 2024           Dec 26, 2023	Sex     Date of Birth       Female     Jun 04, 1959       Female     Female	Filter: Registration Status Unregistered Unregistered	Q P Q P Previous 1	Preview Preview Next
Show 20 ventries Case ID vectors Name 37719926 Tuna, Tina 37719318 Tuna, Tina Showing 1 to 2 of 2 entries	Date of Death     Feb 01, 2024     Dec 26, 2023	Sex     Date of Birth       Female     Jun 04, 1959       Female     Viewing Set 1 of 1	Filter: Registration Status Unregistered Unregistered	Q P Q P Previous	Preview Preview Next
Show 20 rentries Case ID recedent's Name 37719926 Tuna, Tina 37719318 Tuna, Tina Showing 1 to 2 of 2 entries Total Number of Records 2	Date of Death     Feb 01, 2024     Dec 26, 2023	Sex     Date of Birth       Female     Jun 04, 1959       Female     Viewing Set 1 of 1	Filter: Registration Status Unregistered Unregistered	¢ Q P Q P Previous 1	Preview Preview

Figure 22 – Case ID and Decedent's Name, Preview Case Button



### 2. External-Death MF User

As a user with the *External Death Medical Facility (MF) User* role, you are able to perform the following functions:

- Start a new death case
- Search for, or claim an existing death case
- Refer cases/cancel requests to the ME/Coroner
- Transfer/Relinquish ownership of a case
- Assign a pronouncer to a case
- Work with Abandoning/Voiding cases
- Access case messages and comments
- Access a working copy of the case
- Access Documentary Evidence
- Initiate an Amendment
- Enter a medical certification request
- Initiate the Report of Maternal Death form
- Generate Bureau of Health Statistics and Registries reports



#### Create a New Death Case

eVitals provides you with a modernized, easy-to-use user interface for creating a death case. You can verify addresses and populate pronouncer or certifier information at the click of a button and verify information that needs to be corrected or can be overridden with highlighted fields.

#### Creating a New Death Case

Click the Navigation Menu button, then select → Life Events → Death → Start New Case.

		E	Life Events			<	Back
Main	>	<	k Back				Locate Case
Life Events	>	→	Death	>	$\rightarrow$		Start New Case
Reports	>						

2. Enter the decedent's First Name, Date of Death, and select the Sex from the drop-down list, then click the Search button.

		ž.			Welcome Jennifer Pickles	Ø ✿ 希 Logout
					Regional Hospital of Scra	nton 🗸
≡		Start New Death Case				-
		First Name*		Middle Name		
	2	Amanda				
		Last Name		Suffix		
		Gherkin		Select one		~
		Date of Death*	Sex*		Gender Designation (if different th	an Sex)
	2	Feb-13-2024	🗂 2 Female	* ~	Select one	~
						2
					Clear	Search

#### Figure 23 - Start New Death Case



eVitals searches for potential and exact matches in the information. If no matches exist, click the Create New Case button to begin your case.
 If a potential match exists, please see <u>Potential Duplicate Case Match at Case Creation</u>.

If an exact match exists, please see Exact Duplicate Case Match at Case Creation.

		Welcome Jennifer Hollister Regional Hospital of Scranton	Logout
≡	Start New Death Case	3 Search Create New C	+ ase
	Search Result There are no cases that match the criteria you have entered.		

Figure 24 - No Matching Cases

#### Entering Personal Information

When you start a new case, the Personal Information section displays. As a medical facility user, you are able to enter the decedent's partial personal information:

- Decedent Name
- Place of Death

The funeral home is responsible for entering the remainder of the decedent's personal information.



#### Entering the Decedent Information

1. On the Decedent tab, make any changes to the *Decedent's Name* section, then click the **Save** button to continue. The red dot changes to green if there are no errors.

						Wel	come	0 4 4
	Department of Health					Jennif	er Pickles	Logout
	Y					Regio	onal Hospital of Scranto	n ~
≡	Death Registration				_		1	
	Personal Information				<	Return to I	Results Save	
	<ul> <li>Decedent</li> </ul>	Case ID: 37853696	Decedent Name	e: Amanda Gherkin	Event Date: May-0	3-2024		
	Place of Death							
	Medical Information	Case Status:	Medical Pending	Personal Pending	Fact Of Death Pending	Uncertified	Unsigned Unregister	ed
	Pronouncement							-
	Cause of Death	Decedent						_
	Other Factors							
	Certifier	Decedent Name						
	Other Links	First		Middle				
	Relinquish Case 1	Amanda						
	Documentary Evidence	Last		Suffix				
	Case Messages	Gherkin		Select one	~			
	Drop To Paper			L				
	Print Forms	Sex		Gender Designatio	n (if different than Sex)			
	Refer to Coroner/ME	Female	× ~	Select one	~			
	Case Status History							
	Request to Abandon/Void	Date of Birth						
	Comments	Month		Day		Vear		
	CDC Validation			Duy .				
	Registration Validations	Select one	~	select one	× .			
	Transfer Ownership	Are at Last Distadous Ora-						
	Medical Certification Request	Age at Last Birthday (Yea	iis)*					

Figure 25 - Decedent page



#### Entering the Place of Death

- 1. Click the Place of Death tab in the Navigation panel to display the Place of Death page.
- 2. Select the Type of Place of Death from the drop-down list. The Facility Name and Address populate based on the facility you are logged in under.
- 3. Click the Save button to continue. The red dot changes to green if there are no errors.

**NOTE**: Refer to the Job Aid *Type of Place of Death* regarding options available for your type of facility.

		Weld	ome 🛛 🛚 🕫
Department of Health		Jennife	r Pickles Loo
¥		Region	nal Hospital of Scranton
Death Registration			3
Personal Information		< Return to R	esults Save >
Decedent	Case ID: 37853696 Decedent Name: A	manda Gherkin Event Date: May-03-2024	
Place of Death			
Medical Information	Case Status: Medical Pending Pe	rsonal Pending   Fact Of Death Pending   Uncertified   U	Jnsigned Unregistered
Pronouncement			
Cause of Death	Place of Death		
Other Factors	Type of Place of Death*		
Certifier	Hospital-Inpatient	<b>x</b> ~	
Other Links	Facility Name		
Relinquish Case	Regional Hospital of Scranton		
Documentary Evidence	, <u> </u>		
Case Messages	Address		
Drop To Paper	Street Number and Name, Rural Route (No P.O. B	ox etc)* Apartment, Suite, Building, Floor, etc	
Print Forms			
Refer to Coroner/ME	746 Jefferson Ave		
Case Status History	City or Town*	State*	
Request to Abandon/Void	Scranton	PA	
Comments	Zip Code*	Country*	
CDC Validation	18510-1624	Linited States	
Registration Validations	10310-1024	United States	`
	County		
Transfer Ownership			

Figure 26 - Place of Death page



#### **Entering Pronouncer Information**

In the state of Pennsylvania, it is optional to enter the pronouncer's information in a death case. As a medical facility user, you are required to enter the date and time of death information in the case. If you choose to enter the Pronouncer's information, you can do so via the Pronouncer Look Up feature after you enter the Date Pronounced Dead.

you must enter all the pronouncer's fields to affirm pro. first enter the pro date of death. then you can look up the pro via the pro look up.

If you enter the Date Pronounced Dead, you need to assign a pronouncer to the case. The Pronouncer will need to log in to pronounce the case. If you are a Pronouncer, when you select the Date Pronounced Dead, your information automatically populates in the Pronouncer Name section.

#### Entering Pronouncement Information

- 1. Click the Pronouncement tab in the Navigation panel to display the Pronouncement page.
- 2. Select the Time of Death Modifier from the drop-down list.
- 3. Enter the Time of Death, then select the Time Format from the drop-down list.

Department of Health			Welcome Jennifer Pickles	€ ¢ Log
			Regional Hospital of S	cranton
Death Registration				
Personal Information			Return to Results	Save >
Decedent	Case ID: 37853696 Deced	ent Name: Amanda Gherkin	Event Date: May-03-2024	
<ul> <li>Place of Death</li> </ul>	Barth Blaza Barland Harristal of	O		
Medical Information	Death Place: Regional Hospital of	Scranton		
Pronouncement	Case Status: Medical F	Pending Personal Pending Fac	t Of Death Pending Uncertified Unsigned Unr	egistered
Cause of Death				
<ul> <li>Other Factors</li> </ul>	Pronouncement			
<ul> <li>Certifier</li> </ul>				
Other Links	Date and Time of Death			
Relinquish Case	Date of Death Modifier		Date of Death	
Documentary Evidence	Actual Date of Death	× ~	May-03-2024	<b></b>
Case Messages	Time of Death Modifier*	Time of Death	Time Format	
Drop To Paper	2 Actual Time of Death	12:00	3 Military	
Print Forms	Actual Time of Death *	12.09	• Wintery	- · ·
Refer to Coroner/ME				
Case Status History	Pronouncer			
Request to Abandon/Void	Date Pronounced Dead			
Comments	Date Pronounced Dead			
CDC Validation				
Registration Validations				
Transfer Ownership	Pronouncer Name			
Medical Certification Request	License Number			
			Q Look Up Pronouncer	

Figure 27 - Pronouncement page



- 4. If you choose to enter the Pronouncer's information, enter a date for the Date Pronounced Dead.
- 5. Click the Look Up Pronouncer button to open the Look Up Pronouncer search window.

Case Status History	Pronoun	icer						
Request to Abandon/Void	Date Prono	ounced Dead						
Comments	<b>4</b>	2024						
CDC Validation	May-03-2	2024						
Registration Validations	D							
Transfer Ownership	Pronoun	icer ivame						
Medical Certification Request	License Nu	umber				_		
	MD8675	309		5	Q Look Up Pronound	er 🍠 Clear		
	First		Middle			Last		
	Jennifer					Pickles		
	Suffix				Title			
	Select on	ie		~	MD			~
	Pronounce	er Date Signed						
				<b></b>				
	Rule ID	Message		Action	Message		Override	Reason
	DR8249	Time of Death M blank	odifier Cannot be left	Time o blank	of Death Modifier Cannot I	pe left		
								Show All
					<	Return to Res	ults	Save >

Figure 28 - Pronouncer Information

- 6. The last name is required to search for a pronouncer. Enter the pronouncer's last name, then click the **Search** button.
- 7. Verify the pronouncer you want to use in the results, then click the **Select** button to add their information into the case.

Case Status H	listory	Pror	nouncer			
Request to Ab	Look Up Pror	nouncer				×
Comments						
CDC Validation	Last Name*	Asada	First Name		7	Search
Registration V						
Transfer Owne						
Medical Certif	Last Name	First Name	Facility Name	Title	License Number	
	Asada	Carne	Regional Hospital of Scranton	MD	MD867	8 Select
						Cancel
		Prop	ouncer Date Signed			
		FION	ouncer Date Signed			
		No	validation error found on this page			
					_	
						Return to Results

Figure 29 - Look Up Pronouncer



8. Your case populates with the pronouncer's information. Click the **Save** button to continue. The red dot changes to green if there are no errors.

An additional tab displays in the navigation panel: Pronounce. The pronouncer must log into eVitals and affirm the case.

					Welcome	0
Department of Health					Jennifer Pickles	
					Regional Hospital o	fScranton
Death Registration					9	
Personal Information				<	Return to Results	Save
Decedent	Case ID: 37853696	Decedent Name	e: Amanda Gherkin	Event Date: May	y-03-2024	
<ul> <li>Place of Death</li> </ul>	Barth Blance Bartanal					
Medical Information	Death Place: Regional	Hospital of Scranton				
Pronouncement	Case Status:	Medical Pending	Personal Pending	Fact Of Death Valid	Pronouncement Required U	Incertified
Cause of Death		Unsigned Unreg	istered			
Other Factors						
Certifier	Pronouncement					
Pronounce						
Other Links	Date and Time of De	eath				
Relinguish Case	Date of Death Modifier			Date of Death		
Documentary Evidence	Actual Date of Death		× ~	May-03-2024		ć
Case Messages	Time of Death Modifier		Time of Death		Time Format	
Drop To Paper	A stual Time of Death		10:00		Additions	
Print Forms	Actual Time of Death	* ~	12:09		Military	* ~
Refer to Coroner/ME						
Case Status History	Pronouncer					
Request to Abandon/Void	Date Pronounced Dead					
Comments						
CDC Validation	May-03-2024					
Registration Validations	Deserves Name					
Transfer Ownership	Pronouncer Name					
Medical Certification Request	License Number					
	MD867			Q Look Up Pron	ouncer 🥭 Clear	
	First		Middle		Last	
	Carne				Asada	
	Suffix			Title		
	Select one		~	MD		~
	Select one			MD		
	Pronouncer Date Signed					
			Ë			
	No validation error found	on this page				Show All
					Detum to Deculto	0

Figure 30 - Pronouncement tab; Green Dot



#### Entering the Cause of Death Information

The cause of death on a death certificate documents the factors that lead up to the decedent's death as well as the time interval between the onset of each condition and death. When a death happens, a certifier needs to determine the cause and accurately document the information. Follow the National Center for Health Statistics (NCHS) recommendations listed on the Cause of Death page when entering the events that lead to the decedent's death.

The Cause of Death page collects mortality data as a chain of events that directly caused the death. To ensure that the information you enter is accurate and uses acceptable National Center for Health Statistics terminology, eVitals validates the information you enter for the Cause of Death using the online service provided by the Center for Disease Control and Prevention (CDC).

Notes



#### Entering the Cause of Death

- 1. Click the Cause of Death tab in the Navigation panel to display the Cause of Death page.
- Enter the required information for the leading cause of death in Line A and the Approximate Interval Onset to Death for Line A.
   If you enter a rare cause of death, you are required to complete the Rare Cause of Death form. See the Print Forms section for more details on the Rare Cause of Death form.
- 3. If available, enter relevant additional events that tie directly into the Immediate Cause of Death in Line B, Line C, and Line D and their corresponding Approximate Interval Onset to Death.
- 4. Enter any other conditions related to the decedent's death under Part II Other Significant Conditions.

	Welcome 🔮
Department of Health	Jennifer Pickles
	Regional Hospital of Scranton
Death Registration	
	K Return to Results Save
Personal Information	
Decedent	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
<ul> <li>Place of Death</li> </ul>	Neath Place: Deginnal Hognital of Scranton
Medical Information	beau rinee, regional rospital of octainton
Pronouncement	Case Status: Medical Pending Personal Pending Fact Of Death Valid Pronouncement Required Uncertified
Cause of Death	Unsigned Unregistered
Other Factors	
Certifier	Cause of Death
Pronounce	
Other Links	NCHS Recommendations for Entry of Cause of Death
Relinquish Case	Enter the chain of events — diseases or complications — that directly caused the death. DO NOT enter
Documentary Evidence	terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the
Case Messages	etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
Drop To Paper	Sequentially list conditions, if any, leading to the cause listed on Line A. Enter the UNDERLYING CAUSE
Print Forms	(disease that initiated the events resulting in death) LAST.
Refer to Coroner/ME	
Case Status History	
Request to Abandon/Void	Part I
Comments	Line A - Immediate Cause (Final Disease or Condition Resulting Line A - Approximate Interval Onset to Death
CDC Validation	2 10 minutes
Registration Validations	Asphyxiation due to vomitus
Transfer Ownership	2
Medical Certification Request	
	Line P. Due te er As a Conseguence of
	3
	5
	Line C - Due to or As a Consequence of
	Line D - Due to or As a Consequence of Line D - Approximate Interval Onset to Death
	Part II
	Other Significant Conditions
	Λ
	Validate 🗸
	No validation error found on this page Show All
	Return to Besuite Save
	Recurr to Results Save

Figure 31 - Enter Cause of Death and Subsequent Causes



- 5. Click the **Validate** button to verify your entries. This validates your entries against NCHS guidelines.
- 6. Click the **Save** button to continue. The red dot changes to green if there are no errors.

		Welcome 🛛 🛽 🕸 🕯
Department of Health		Jennifer Pickles Logout
9		Regional Hospital of Scranton 🗸
Death Registration		
Personal Information		Return to Results
Decedent		
Place of Death	Case ID: 37853696 Decedent Name: Amanda Gherkin	Event Date: May-03-2024
Madical Information	Death Place: Regional Hospital of Scranton	
Pronouncement     Cause of Death	Case Status: Medical Pending Personal Pending	Fact of Death Valid Pronouncement Required Uncertified
Other Factors	Unsigned Unregistered	
Certifier	Cause of Death	
Pronounce	-	
Other Links	NCHS Recommendations for Entry of Cause of Death	
Relinquish Case	Enter the chain of events — diseases or complication terminal events such as cardiac arrest, respiratory arr	is — that directly caused the death. DO NOT enter
Case Messages	etiology. DO NOT ABBREVIATE. Enter only one cause of	on a line. Add additional lines if necessary.
Drop To Paper		
Print Forms	Sequentially list conditions, if any, leading to the caus	se listed on Line A. Enter the UNDERLYING CAUSE
Refer to Coroner/ME	(disease that initiated the events resulting in death) L	ASI.
Case Status History		
Request to Abandon/Void	Part I	
Comments	Line A - Immediate Cause (Final Disease or Condition Resulting	Line A - Approximate Interval Opset to Death
CDC Validation	in Death)	Line A - Approximate interval onset to beatin
Registration Validations	Asphyxiation due to vomitus	10 minutes
Transfer Ownership		
Medical Certification Request		
inculour ocranoutor request		
	Line B - Due to or As a Consequence of	Line B - Approximate Interval Onset to Death
	Line O. Durate on the o Companying of	Line O., Annowingto Internal Operator Death
	Line C - Due to or As a Consequence of	Line C - Approximate Interval Onset to Death
	Line D - Due to or As a Consequence of	Line D - Approximate Interval Onset to Death
	Part II	
	Other Significant Conditions	
_		
5	Validate ✓	
	No validation error found on this page	Show All
		6

Figure 32 - Validate Cause of Death

**NOTE**: If you enter a cause of death that triggers a validation message, check the <u>CDC Validation</u> page for additional information on the errors.



#### **Entering Other Factors**

The Other Factors tab allows you to document other factors that may have contributed to the decedent's death and to specify the decedent's pregnancy status if female, and if the Medical Examiner (ME) / Coroner is involved.

#### Specifying the decedent's pregnancy status

If you specify one of the following options for a female decedent's pregnancy status, you are prompted and required to complete the Report of Maternal Death form. See the section <u>Viewing the Report of Maternal Death</u> for information on completing this form.

The options that trigger the Report of Maternal Death form are:

- Pregnant at time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant within 43 days to 1 year before death

**NOTE:** It is important that you complete the Report of Maternal Death form, upload it to the Documentary Evidence tab under Other Links, then save the Other Factors page otherwise you cannot certify the case.

#### **Entering Other Factors**

- 1. Click the Other Factors tab in the Navigation panel to display the Other Factors page.
- 2. Although not required, you can enter the decedent's Medical Record Number if it is available.
- 3. Select from the drop-down list if an autopsy was performed.
- 4. If you select Yes, then select from the drop-down list if the autopsy findings are available.

	Department of Health	Welcome e a Jennifer Pickles Logout
	<u>y</u>	Regional Hospital of Scranton 💦 🗸 🗸
≡	Death Registration	
	Personal Information	Keturn to Results Save
	Decedent	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
	<ul> <li>Place of Death</li> </ul>	Partic Plana: Designal Licensited of Coventing
	Medical Information	Death Place: Regional Hospital of Scranton
	Pronouncement	Case Status: Medical Pending Personal Pending Fact Of Death Valid Pronouncement Required Uncertified
	<ul> <li>Cause of Death</li> </ul>	Unsigned Unregistered
1	Other Factors	
	Certifier	Other Factors
	Pronounce	Medical Record Number
	Other Links	
	Relinquish Case	Autopsy Performed* Autopsy Findings Available to Complete Cause of Death
	Documentary Evidence	
	Case Messages	
	Drop To Paper	Specify Pregnancy Status*
	Print Forms	Select one V
	Refer to Coroner/ME	Did Tobacco Use Contribute to Death?* Manner of Death*
	Case Status History	Select one
	Request to Abandon/Void	
	Comments	Was Medical Examiner or Coroner contacted?*
	CDC Validation	Select one V
	Registration Validations	

Figure 33 - Enter Other Factors



 Select a pregnancy status from the drop-down list. Depending on the option you select, you may need to complete the Report of Maternal Death form before the case can be certified. See the <u>Print Forms</u> section for more details on the Report of Maternal Death form.

For male decedents, this field defaults to Not Applicable.

- 6. Select an option from the drop-down list if tobacco use contributed to death.
- 7. The only option for Manner of Death is Natural. Any other causes of death are to be referred to the ME/Coroner for handling.
- 8. Select an option from the drop-down list if the Medical Examiner or Coroner were contacted.
- 9. Click the **Save** button to continue. The red dot changes to green if there are no errors.

	Department of Health			We	elcome 🛛 🖉 🌣
				Reg	jional Hospital of Scranton
≡	Death Registration				9
	Personal Information			< Return to	o Results Save >
	Decedent	Case ID: 37853696	Decedent Name: Amanda Gherkin	Event Date: May-03-2024	
	<ul> <li>Place of Death</li> </ul>	Baath Blassa Daalaaal	User the Laf Connection		
	Medical Information	Death Place: Regional	Hospital of Scranton		
	Pronouncement	Case Status:	Medical Pending Personal Pending	Fact Of Death Valid Pronounceme	ent Required Uncertified
	Cause of Death		Unsigned Unregistered		
	<ul> <li>Other Factors</li> </ul>				
	Certifier	Other Factors			
	Pronounce	Medical Record Number			
	Other Links				
	Relinquish Case	Autopsy Performed		Autopsy Findings Available to Co	mplete Cause of Death
	Documentary Evidence	Ves	* U	Ves	* ~
	Case Messages	100		105	
	Drop To Paper	Specify Pregnancy Statu	s		
	Print Forms	Not pregnant within one	year of death 🛛 🗶 🗸		
	Refer to Coroner/ME	Did Tobacco Use Contrib	ute to Death? Manner of Death		
	Case Status History	No	× v 7 Natural	* ~	
	Request to Abandon/Void				
	Comments	Was Medical Examiner o	r Coroner contacted?		
	CDC Validation	No	<b>x</b> ~		
	Registration Validations				

Figure 34 - Enter Remaining Other Factors and Save


## Certify/Uncertify the Case

Once all of the tabs under Personal Information and Medical Information have green dots, the case is ready to certify. As an MF User in eVitals, you can only assign a Certifier to the case. The Certifier must log in to eVitals to certify the case.

## Assigning a Certifier

- 1. Click the Certifier tab in the Navigation panel to display the Certifier page.
- 2. Select the Certifier Type from the drop-down list.
- 3. Click the **Look Up Certifier** button to display the Look Up Certifier window.

						Welcome	00**
	Department of Health					Jennifer Pickles	Logout
						Regional Hospital of	Scranton 🗸
≡	Death Registration						
	Personal Information				<	Return to Queue	Save
	Decedent	Case ID: 37720191	Decedent Nam	e: Amanda Gherkin	Event Date: Feb	p-13-2024	
	<ul> <li>Place of Death</li> </ul>	Death Diseas Dealer al					
	Medical Information	Death Place: Regional	Hospital of Scranton				
-	Pronouncement	Case Status:	Medical Pending	Personal Pending	Fact Of Death Valid	Uncertified Pronounced	Unsigned
	<ul> <li>Cause of Death</li> </ul>		Unregistered				
	<ul> <li>Other Factors</li> </ul>						
1	Certifier	Certifier					
	Pronounce	Certifier Type*					
	Other Links	Certifying Physician		<b>x</b> ~			
	Relinquish Case	-					
	Documentary Evidence	Certifier Name					
	Case Messages	License Number*					
	Drop To Paper			3	O Look Up Certifie	er	
	Print Forms				-	<b>_</b>	
	Refer to Coroner/ME	First*		Middle		Last	
	Case Status History						
	Request to Abandon/Void	Suffix			Title*		
	Comments	Select one		~	Select one		~
	CDC Validation	Outfin Others One "f					
	Registration Validations	Sumix Other Specify					
	Transfer Ownership						

Figure 35 - Identifying Certifier Type



- 4. Enter the Certifier's last name, then click the **Search** button.
- 5. Click the **Select** button to add the Certifier to the case.

	Look Up Cer	tifier				×	e <b>0\$</b> *
	Departr 4 Last Name*	Hollaway	First Name		4	Search	es Logout
Ξ	Death Registratio						
	Personal Informa Last Name	First Name	Facility Name	Title	License Number		Save >
	Decedent     Hollaway	Кау	Regional Hospital of Scranton	MD	MD1978	5 Select	
	Place of Death						
	Medical Information						
	Pronouncemen					Cancel	d Uncertified
	Cause of Deat						
	Other Factors						
	Certifier	Certi	ifier				_
	Pronounce	Certi	ifier Type*				
	Other Links	Cer	rtifying Physician	<b>x</b> ~			
	Relinquish Case						
	Documentary Evidence	Cer	tifier Name				
	Case Messages	Licer	nse Number*				
	Drop To Paper				Q Look Up Certifie	er	
	Print Forms						
	Refer to Coroner/ME	First	*	Middle		Last	
	Case Status History						
	Request to Abandon/Void	Suffi	x		Title*		
	Comments	Sel	ect one		Selectione		
	CDC Validation						

Figure 36 - Identifying Certifier

6. Click the **Save** button to continue. The red dot changes to green if there are no errors.

						Welcome	9 0 0
	Department of Health					Jennifer Pickle	s Logo
	Y					Regional Hospi	tal of Scranton 🛛 🗸
≡	Death Registration						6
	Personal Information				<	Return to Results	Save >
	Decedent	Case ID: 37853696	Decedent Name: Amanda	Gherkin	Event Date: May-	03-2024	
	<ul> <li>Place of Death</li> </ul>	Barath Blassa Davisad	Users that a Constant				
	Medical Information	Death Place: Regional	Hospital of Scranton				
	Pronouncement	Case Status:	Medical Pending Personal	Pending	Fact Of Death Valid	Pronouncement Required	Uncertified
	<ul> <li>Cause of Death</li> </ul>		Unsigned Unregistered				
	Other Factors						
	Certifier	Certifier					
	Pronounce	Certifier Type*					
	Other Links	Certifying Physician		<b>x</b> ~			
	Relinquish Case						
	Documentary Evidence	Certifier Name					
	Case Messages	License Number*					
	Drop To Paper	MD1978			O Look Up Certifie	er 🖉 Clear	
	Print Forms						
	Refer to Coroner/ME	First*	Middle			Last	
	Case Status History	Кау				Hollaway	
	Request to Abandon/Void	Suffix			Title*		
	Comments	Select one		~	MD		~
	CDC Validation						

Figure 37 – Case Ready for Certification



As an MF User your part in creating the case is complete. The case is now ready for certification as indicated by the case status *Certification Required* and the Certify tab displays in the navigation panel. The Certifier you assigned must log in and certify the case in order for it to continue through the registration process.

	C Department of Health				Welcome	0 ¢ #
					Jennifer Pickles	Logout
					Regional Hospital of	Scranton 🗸
≡	Death Registration					
	Personal Information			<	Return to Results	Save >
	<ul> <li>Decedent</li> </ul>	Case ID: 37853696	Decedent Name: Amanda Gherkin	Event Date: May-0	03-2024	
	Place of Death	Barth Blaza Daviani	lun and a figuration			
	Medical Information	Deaul Place: Regional	nospital of Scrantofi			
	Pronouncement	Case Status:	Medical Valid Personal Pending	Fact Of Death Valid Pror	nouncement Required	
	<ul> <li>Cause of Death</li> </ul>		Certification Required Unsigned	Unregistered		
	Other Factors	· · · · · · · · · · · · · · · · · · ·				
	O Certifier	Certifier				
	Pronounce	Certifier Type				
	Certify	Oastifician Dhusialan				
	Other Links	Certifying Physician	* ~			
	Relinquish Case	Certifier Name				
	Documentary Evidence	License Number				
	Case Messages	MD1978		O Look Up Certifier	r 🖉 Clear	
	Drop To Paper					
	Print Forms	First	Middle		Last	
	Refer to Coroner/ME	Кау			Hollaway	
	Case Status History	Suffix		Title		
	Request to Abandon/Void	Select one	~	MD		~
	Comments					
	CDC Validation					

Figure 38 - Case Status and Tabs updated

## NOTES



## Other Links

Under Other Links are tasks that as an MF User you can perform to help progress a case through to registration and after registration. Some tabs display only when the case is unregistered or registered.

Other Links
Relinquish Case
Documentary Evidence
Case Messages
Drop To Paper
Print Forms
Refer to Coroner/ME
Case Status History
Request to Abandon/Void
Comments
CDC Validation
Registration Validations
Transfer Ownership
Medical Certification Request

Figure 40 - Registered Death Case

Figure 39 - Unregistered Death Case

NOTES



## Relinquish a Case

If you need to turn over a case to another facility for them to pick up and finish the certification process, you will need to relinquish the case using the Relinquish Case process. You can relinquish medical ownership on unregistered death cases. When you relinquish ownership, the case must have one of the following statuses:

- Unsigned
- Signature Required
- Uncertified
- Certification Required

When you relinquish medical ownership of a case, the medical information and Place of Death tab are reset and only the Decedent tab information remains. Another facility may claim medical ownership and proceed with completing the case.

## Relinquishing a Case

- 1. Click the Relinquish Case link under Other Links.
- 2. Enter your reason for relinquishing the case in the Relinquish Reason field.
- 3. Click the **Relinquish** button to continue.

	Department of Health	Welcome •
		Jenniter Pickles Logo
_		Regional Hospital of Scranton
=	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
	Personal Information	
		Case Status: Medical Valid Personal Pending Fact Of Death Valid Pronouncement Required
	Decedent	Certification Required Unsigned Unregistered
	Place of Death	
	Medical Information	Relinquish Death Case
	Pronouncement	Relinquish Reason*
	<ul> <li>Cause of Death</li> </ul>	Enter reason for relinquiching the case
	<ul> <li>Other Factors</li> </ul>	2
	Certifier	
	Pronounce	
	Certify	
	Other Links	Max Length allowed is 200 characters
1	Relinquish Case	3 Relinquish
	Documentary Evidence	
	Case Messages	

Figure 41 - Relinquish Death Case



4. Click the **OK** button to relinquish the case.



Figure 42 - Confirm Relinquish Death Case

If you relinquish the case, it no longer appears in your facility's queues, and you no longer have access to it.

### NOTES



### Documentary Evidence

Use the Documentary Evidence page when you need to attach supporting documents to the case. Examples of when you may need to attach supporting documents are if an amendment requires proof of change, or the Rare Cause of Death or Report of Maternal Death forms are completed and need to be uploaded to the case.

Remember, if there is a physical document that you think can support your case through the registration process or even after it has been registered, upload it to the Documentary Evidence page.

**NOTE**: You will need to download and install DynamSoft software to be able to upload to Documentary Evidence.

*Amendment* as the Documentary Evidence type will only be available after the case is registered.

### Uploading Documentary Evidence

- 1. Click the Documentary Evidence link under Other Links.
- 2. Click the Add Documentary Evidence button.



Figure 43 - Add Documentary Evidence

### NOTES



- 3. Select the Document Type from the drop-down list.
- 4. If you select Other, enter comments about the document you are uploading.
- 5. Click the **Browse and Upload** button when you are ready to upload the document.

Document		×
Case ID: 37853696 Event Date: May-03-2	Decedent Name: Amanda Gherkin 2024	<u>6</u>
Case Status:	Medical Valid         Personal Pending         Fact Of Death Valid         Pronouncement Required         Certification Required         Unsigned           Unregistered </td <td><u>~</u></td>	<u>~</u>
Document Type* 3		1805
Other	× ~	
Comments* 4	nt	•
campio franing docanto	ις.	Q
		<u>2</u>
Max Length allowed is	200 characters	<b>→</b>
Issued By	Issue Date	X
Reviewed By First	Reviewed By Last	
Browse and Upload	Save	
5 Tips for Scanning au It's recommended Color moo Resolution File size is limit Supported File Note: Use	nd Uploading Documents led to use the Scan New option instead of Browse and Upload scanning settings: de: Grayscale n (DPI): 200 ed to 1 MB types for upload: JPG, .GIF, .TIF, .PNG, .BMP and .PDF TIF format when uploading multi-page image.	
	Viewin	g Page: 1 of 1

Figure 44 - Upload Documentary Evidence



6. Locate the document you want to upload, then click the **Open** button.

Document		× <sup>#</sup>
Case ID: 37853696 Event Date: May-03-2024	Decedent Name: Amanda Gherkin	<u>6</u>
Case Status: Medical Valid Per	sonal Pending   Fact Of Death Valid   Pronouncement Required   Certification Required   Unsigned	
Unregistered	Open ×	2
Document Type*	$\leftarrow \rightarrow \checkmark \uparrow$ $\blacksquare \rightarrow$ DHF $\rightarrow$ Desktop $\checkmark$ $\bigcirc$ $\bigcirc$ Search Desktop	180
Other 6	Organize - New folder 📃 🗉 🐨 🔟 😗	
Comments*	✓ ■ DHFPBHSHW57( Unk01	
	> 🛅 Desktop	
	>  Documents  Storyline	2
	> Upownloads	~ ~
May Length allowed in 200 sharesters	V Music     Iraining Bits     Pictures     Pictures     Pictures	
Issued By	Videos     Facility Admin Letter.pdf	X
	> 👪 Windows (C:)	
Reviewed By First	File name: Documentary Evidence Example.pdf V Supported files (".bmp;".jpg:".jj V	
	6 Open Cancel	
Browse and Upload Save	۳. ۲	
<ul> <li>Tips for Scanning and Uploading Doc</li> <li>It's recommended to use the Scan</li> </ul>	uments New option instead of Browse and Upload	
Recommended scanning settings:	,	
<ul> <li>Resolution (DPI): 200</li> </ul>		

Figure 45 - Locate Document to Upload

The document you uploaded displays on the Documentary Evidence page list.

Department of Licelth						Welco	ome	0
2 Department of Health						Jennifer	Pickles	
						Regiona	l Hospital of Scra	anton
Death Registration	Case ID: 37801040	Decedent Name	: Tina Gherkin	is Event D	ate: Apr-09-2024			
Personal Information								
Decedent	Case Status:	DE - Report of Mate	rnal Death	Medical Pending	Personal Valid	Fact Of Death Valid	Uncertified	
Place of Death		Signaturé Required	Unregister	ea				
Medical Information	Documentary Evidence							
Pronouncement	Desument Type	Commonte	Iccued Ry	Date locued	Poviowod Pu	Undated Date		
<ul> <li>Cause of Death</li> </ul>	Document type	comments	issued by	Date Issueu	Reviewed by	opuated Date		
<ul> <li>Other Factors</li> </ul>	DE- Report of Maternal Death	1				4/9/2024 12:28:15 PM	View	
Certifier								
Other Links							Add Documentar	y Evidence
Relinquish Case								
<ul> <li>Documentary Evidence</li> </ul>							_	
Case Messages							Return	to Results
Drop To Paper								
Print Forms								

Figure 46 - Uploaded Document

## Deleting a document

In the event you need to delete a document from the Documentary Evidence page, reach out to the Help Desk for assistance.



### Case Messages

Use Case Messages when you want to communicate directly with other users in your facility, with the Death Registry Unit, or the Funeral Home who is handling the disposition. You can send Case Messages to an individual based on their job role or you can send it to all eVitals users within a facility.

You can send Case Messages to users based on Recipient Type:

- **Functional Entity** Use to communicate with the Death Registry Unit or the Funeral Home.
- Role Use to communicate with other users within your facility.

### Sending Case Messages by the Functional Entity Type

- 1. Click the Case Messages link under Other Links.
- 2. Click the **New Message** button to open the Send Message window.

Department of Health					Wel Jennif	COME er Pickles	0 🌣 Log
					Regi	onal Hospital of	Scranton
Death Registration	Case ID	: 37853696 E	Decedent Name: Aman	da Gherkin Event Date: May-03-2	024		
Personal Information							
Decedent		Case Status: Med	dical Valid Personal I	Pending Fact Of Death Valid Pronour	ncement Req	uired	
<ul> <li>Place of Death</li> </ul>		Cen	tification Required 0	nsigned Unregistered DE-Miscellane	ous		
Medical Information	Messages	3					
Pronouncement					Cont		
<ul> <li>Cause of Death</li> </ul>	Sender	Facility	Subject	Body	Date	Attachments	Recipient
<ul> <li>Other Factors</li> </ul>	Jennifer	Jesse H Geigle	Claiming Personal	The Jesse H Geigle Funeral Home is	May 14		View
<ul> <li>Certifier</li> </ul>	Pickles	Funeral Home Inc	ie Inc Ownership	handling the Personal Information.	2024		Recipient
Pronounce							
Certify							New Message
Other Links						_	-
Relinquish Case					_		2
<ul> <li>Documentary Evidence</li> </ul>						Re	turn to Results
⊘ Case Messages	1						

Figure 47 - Case Messages



- 3. Select Functional Entity from the required Recipient Type drop-down list.
- 4. Select the Functional Entity from the drop-down: the Death Registry Unit or the Funeral Home if they own the Personal Information on the case.

		Send Message	logout
		Add Recipient	ranton
		Recipient Type* Functional Entity × ✓	
3		Select Entity	
		Select one	
		Death Registry Unit Jesse H Geigle Funeral Home Inc	
Δ		Message*	Recipient
-	•		View Recipient
		Send	Message
		Auditoutivalia	

Figure 48 – Send Message by Type – Functional Entity



5. Select the Role of the recipient from the Role drop-down list.

		s	end Message 🛛 🗙	004
	ş			Logout
=	Dea		Add Recipient	cranton/
	Per		Recipient Type*	
	Info		Functional Entity × ~	
	•		Select Entity	
	Ma		Functional Entity*	
	Info		Select one	
	•		٩	
	•	5	Jesse H Geigle Funeral Home Inc	
	•	-		
	Oth		Message*	ecipient
				ew ecipient
	۲			
	$\odot$			
			li li	
			Send	
				essage
		AUG		

Figure 49 – Select Job Role



6. Select the User's name from the User drop-down list, then click the **Add Selected** button to add the user as the recipient of the message.

	Department of Health	Send Message	Welcome • *		
_	Death Decisteration	Add Recipient		_	Regional Hospital of Scranton V
=	Death Registration	Desiniant Tume*			-03-2024
	Personal Information	Recipient Type			nouncoment Dequired
	Decedent	Functional Entity		* ~	
	Place of Death	Select Entity			nancous
	Medical Information	Functional Entity*			
	Pronouncement	Jesse H Geigle Funeral Home Inc	ж 🗸		
	Cause of Death	Select Role			Date Attachments Recipient
	Other Factors	Role*			
	Certifier	FH Director	<b>x</b> ~		New Message
	Other Links	Select User			
	Relinquish Case	User	6	:	
	<ul> <li>Documentary Evidence</li> </ul>	Select one		Add Selected	Return to Results
	Case Messages		Q	(Click Add Selected Button)	
	Drop To Paper	B. Issac			
	Print Forms	6 H, Kristen			
	Refer to Coroner/ME	J, Swathi			
	Case Status History	J, Richard			
	Request to Abandon/Void	M, Monique			
	Comments	B Amy			
	CDC Validation	R, Christiana			
	Registration Validations	S, Elizabeth	-		
	Transfer Ownership				
	Medical Certification Request				
				Send	

Figure 50 - Select User's Name to Add



- Enter the required Subject and Message.
   Repeat this process to add additional recipients.
- 8. Click the **Send** button to deliver the message.

Department of Health     E     Death Registration     Personal Information     Decedent     Place of Death     Medical Information     Place of Death     Medical Information     Pronouncement     Usese H Geigle Funeral Home Inc     Functional Entity     Type     User Name     Usese H Geigle Funeral Home Inc     Functional Entity     Usese H Geigle Funeral Home Inc     Functional Entity     Usese H Geigle Funeral Home Inc     Subject*     New Message	<b>m</b>
Add Recipient     Personal Information   Decedent   Place of Death   Medical Information   Pronouncement   Cause of Death   Pronouncement   Cause of Death   Other Factors   Subject*     New Message	out
Death Registration       Add Recipient       03-2024         Personal Information       Select one       Image: Comparison of the compa	~
Personal Information       Recipient Type         Decedent       Select one         Place of Death       Recipient         Medical Information       Functional Entity       Type         Pronouncement       Jesse H Geigle Funeral Home Inc       FH Director         Cause of Death       Jesse H Geigle Funeral Home Inc       FH Director         Subject*       Sent         Subject*       New Message	
Objected nt       Select one       mouncement Required         Object       Functional Entity       Type       User Name         Decodent       Jesse H Geigle Funeral Home Inc       FH Director       Holloway, Kristen       Sent         Decodent       Jesse H Geigle Funeral Home Inc       FH Director       Holloway, Kristen       Sent         Other Factors       Subject*       New Message	
Place of Death     Recipient       Medical Information     Functional Entity     Type     User Name       Pronouncement     Jesse H Geigle Funeral Home Inc     FH Director     Holloway, Kristen       Other Factors     Subject*     New Message	
Medical Information     Functional Entity     Type     User Name          • Pronouncement      Jesse H Geigle Funeral Home Inc     FH Director     Holloway, Kristen     X          • Cause of Death         • Subject*      Sent       Date     Attachments          • Certifier         • Subject*      New Message	
Pronouncement       Jesse H Geigle Funeral Home Inc       FH Director       Holloway, Kristen       Sent         Other Factors       Subject*       Sent       Date       Attachments       Recipient         Ocertifier       Subject*       New Message       New Message       New Message	
Cause of Death     Other Factors     Certifier     Certifier	
Other Factors     Subject*     Certifier     New Message	
Certifier Subject* New Message	
7 Enter Subject of Message	
Other Links	
Relinquish Case Message*	
C Documentary Evidence 7 Enter your message. Return to Results	
⊘ Case Messages	
Drop To Paper	
Print Forms	
Refer to Coroner/ME	
Case Status History	
Request to Abandon/Void Send	
Comments	
CDC Validation	

Figure 51 – Enter Subject and Message

**NOTE**: If you would like to change the recipient, click the red **X** to remove the recipient, then repeat Step 05 to add a new recipient.



9. A window displays confirming that your message was sent. Click the **OK** button to continue.



Figure 52 - Confirmation Window



Your message displays on the Messages page along with messages from any other users.

	Department of Health					Welcome Jennifer Pickles	😧 🌣 Logo	
	9					Regional Hospital	of Scranton 🗸 🗸	
≡	Death Registration	Case I	D: 37853696	Decedent Name:	Amanda Gherkin Event I	Date: May-03-2024		
	Personal Information							
	Decedent		Case Status:	Medical Valid Pers	Personal Pending   Fact of Death Valid   Pronouncement Required			
	Place of Death			Certification Require	d Unsigned Unregistered	DE-Miscellaneous		
	Medical Information	Message	95					
	Pronouncement					Cont		
	Cause of Death	Sender	Facility	Subject	Body	Date Attachments	Recipient	
	Other Factors	Jennifer	Jesse H Geirile	e Claiming Personal Ownership	The Jesse H Geigle Funeral	May 14	View	
	Certifier	Pickles	Funeral Home		Home is handling the Personal	2024	Recipient	
	Other Links		Inc		Information.			
		Jennifer	Regional	Enter the Subject	Enter your message.	May 15,	View 💼	
	Relinquish Case	PICKIES	Scranton	of your Message		2024	Recipient	
	Documentary Evidence							
	⊘ Case Messages					_		
	Drop To Paper						New Message	
	Print Forms					_		

Your message displays in the Case Messages list. Click the View Recipient link to view the recipient of messages in the list.

Figure 53 – Case Messages List

NOTES



### Sending Case Messages by the Role Type

- 1. Click the Case Messages link under Other Links.
- 2. Click the **New Message** button to open the Send Message window.

								Weld Jennife Regio	COME er Pickles nal Hospital of	? Scranton	¢ Logo	at
≡	Death Registration		Case ID: 37719318	D	ecedent Nar	ne: Tina Tuna	Event Date: [	)ec-26-2	023			
	Personal Information		Case Status:	Modi	col Donding	Dorsonal Dondir	East Of Dog	th Valid	Uncortified	Uncigned		
	Decedent	1	Case Status.	Unre					oncertineu	Unsigned		
	Place of Death			Unite	gisteleu r	tale Gause of Deal						
	Medical Information		Messages									
	Pronouncement							Cont				
	<ul> <li>Cause of Death</li> </ul>		Sender		Facility	Subject	Body	Date	Attachments	Recipient		
	<ul> <li>Other Factors</li> </ul>	1	eVitalNotifications@gcomso	off.com	Regional	ional Death Case	Case ID:	Jan		â		
	Certifier	1			Hospital	Certification and	37719318 - 18,					
	Other Links				of Scranton	Pronouncement	Tina Tuna , Date of Death: 12/26/2023	Tina Tuna , 2024 Date of Death:				
	Relinquish Case	1					12:00:00 AM	12/20/2023 12:00:00 AM				
	Documentary Evidence						has been uncertified.					
1	⊘ Case Messages											
	Drop To Paper								2 🗖			
	Print Forms							2	New Message			
	Refer to Coroner/ME											

Figure 54 – Send New Case Message

- 3. Select Role from the required Recipient Type drop-down list.
- 4. Select the role of the user you who you would like to send the message from the required Role drop-down list.

	Department of Health	Send Message	× Welcome • *
		Add Recipient	Regional Hospital of Scranton
≡	Death Registration		-2024
	Personal Information	Recipient Type*	
	Decedent	3 Role ×	certified Pronounced Unsigned
	Place of Death	Select Role	
	Medical Information	Role*	
	Pronouncement	Select one ^	Sent Date Attachments Recipient
	Cause of Death	٩	
	Other Factors	All	Feb 20, View 2024 Recipient
	Certifier	External-Death ME Certifier	
	Other Links	External-Death MF Pronouncer	New Message
	Relinquish Case	Facility Data Entry, Birth	
	Documentary Evidence	Medical Certifier	
	⊘ Case Messages	Medical Facility Administrator	Return to Results
	Drop To Paper		
	Print Forms		ti and the second s
	Refer to Coroner/ME		
	Case Status History	Send	
	Request to Abandon/Void	_	
	Comments		
	CDC Validation		

Figure 55 - Send Message by Type – Role



5. Select the user's name from the User drop-down list, then click the **Add Selected** button.

		Send Message	×	Welcome	00**
	Department of Health			Jennifer Pickles	Logout
	-			Regional Hospita	l of Scranton 🗸 🗸
≡	Death Registration	Add Recipient	-	3-2024	
	Personal Information	Recipient Type*			
	Decedent	Role	× ~	Uncertified Pronounced U	nsigned
	Place of Death	Select Role			
	Medical Information	Role*			
	Pronouncement	External-Death MF Certifier ×	~		_
	Cause of Death	Select User		Sent Date Attachments	Recipient
	Other Factors	User		Feb 20,	View 💼
	Certifier	5 0, Emmanuel ×	✓ 5 Add Selected	2024	Recipient
	Other Links		(Click Add Selected Button)		New Message
	Relinquish Case				· ·
	Documentary Evidence	Subject*			
					Return to Results
	Drop To Paper	Message*			_
	Print Forms				
	Refer to Coroner/ME				
	Case Status History				
	Request to Abandon/Void				
	Comments				
	Registration Validations		Send		
	Transfer Ownership				
	Medical Certification Request				

Figure 56 - Send Message - User Name List

- 6. Enter the required Subject and Message. Repeat this process to add additional recipients.
- 7. Click the **Send** button to deliver the message.

	Department of Health	Send Message			×	We	elcome	•	<b>0</b>
						Re	gional Hospital	of Scranton	LUGI
	Death Registration	Add Recipient			-	-2024			
ľ	Personal Information	Recipient Type							
	Decedent	Select one			~	ncertified Pro	onounced Ur	isigned	
	Place of Death	Recipient							
	Medical Information	Functional Entity	Туре	User Name			_	-	-
	Pronouncement	Regional Hospital of Scranton	External-Death MF Certifier	0, Emmanuel	×	Ourst Darts	the short out a	Designed	
	Cause of Death					Sent Date	Attachments	Recipient	
	Other Factors					Feb 20, 2024		View Recipient	Ü
	Certifier	Subject*							
	Other Links	6 Another test message for t	he training guide					Now Morro	
	Relinquish Case	Message*						New Messa	iye
	Documentary Evidence	Enter your message for the	intended recipient.						
r	⊘ Case Messages	c						Return to Resi	ults
h	Drop To Paper	D							
	Print Forms								
	Refer to Coroner/ME								
	Case Status History								
	Request to Abandon/Void			7 50	nd				
	Comments								
	CDC Validation								
	Registration Validations								

Figure 57 - Case Message - Subject and Message

**NOTE**: If you would like to change the recipient, click the red **X** to remove the recipient, then repeat Step 05 to add a new recipient.



8. A window displays confirming that your message was sent. Click the OK button to continue.

	Department of Health		Message successfully sent.			\\\ Jen⊧	Welcome Jennifer Pickles		Logout		
≡	Death Registration				8 ок	Re 024	gional Hospital	of Scranton	~		
	Personal Information	ion									
	Decedent		Case Status: Medical F	eruned Pr							
	<ul> <li>Place of Death</li> </ul>										
	Medical Information	Messages									
	Pronouncement	Sender	Facility	Subject	Rody	Sent Date	Attachmente	Recipient			
	<ul> <li>Cause of Death</li> </ul>	Sender	racinty	Subject	bouy	Sent Date	Attachments	Recipient			
	Other Factors	Jennifer Pickles	Regional Hospital of Scranton	Test Case Message	This is a test case message for the training quide	Feb 20, 2024		View Recipient			
	Certifier										
	Other Links							New Messa	je		
	Relinquish Case										
	Documentary Evidence										

Figure 58 - Case Message - Confirmation Window

Your message displays in the Case Messages list. Click the <u>View Recipient</u> link to view the Recipient of messages in the list.

7	Department of Health					Welcome Jennifer Pickles	🤨 🌣 🐔 Logout
						Regional Hospital o	f Scranton 🗸 🗸
≡	Death Registration	Case ID	0: 37720191 De	cedent Name: Amanda Gher	kin Event Date: Feb-13-20	24	
	Personal Information						
	Decedent		Case Status: Medic	al Pending Personal Pend	ling Fact of Death Valid Unce	rtified Pronounced Unsi	gned
	Place of Death		Unreg	Istereu			
	Medical Information	Message	s				
	Pronouncement					Sont	
	<ul> <li>Cause of Death</li> </ul>	Sender	Facility	Subject	Body	Date Attachments	Recipient
	<ul> <li>Other Factors</li> </ul>	Jennifer	Regional Hospital of	Test Case Message	This is a test case message for	Feb 20.	View 🏦
	<ul> <li>Certifier</li> </ul>	Pickles	Scranton	<b>,</b>	the training guide.	2024	Recipient
	Other Links	Jennifer Pickles	Regional Hospital of Scranton	Another test message for the training guide	Enter your message for the intended recipient.	Feb 21, 2024	View 💼
	Relinquish Case						
	Documentary Evidence					_	
	⊘ Case Messages						New Message
	Drop To Paper						
	Print Forms						
	Refer to Coroner/ME					R	eturn to Results

Figure 59 - Case Messages List

### Deleting Case Messages

To delete a case message, click the trash can at the end of the message row. Make sure you want to delete the message, as there is no way to retrieve it once it is deleted.



### Drop to Paper

An electronic death case can only be dropped to paper when it is signed or certified.

### Dropping a Case to Paper

- 1. In your certified case, click the Drop to Paper link under Other Links.
- 2. Click the **Drop to Paper** button.

						Welcome	0	0 4
	Department of Health					Jennifer Pickles		Logout
						Regional Hospital of	Scranton	~
≡	Death Registration	Case ID: 37720364	Decedent Name: ama	ında gherkin	Event Date: F	eb-13-2024		
	Personal Information	0 0totu	A sectional solution and the Process		- Deadlas   Feat		Undered	
	Decedent	Case Status:	Medical Valid With Excep	ptions Person	al Pending   Fact	of Death Valid Certified	Unsigned	
	<ul> <li>Place of Death</li> </ul>		onregistered					
	Medical Information	Drop to Paper Page						
	Pronouncement		Cancel Dr	on To Paper				
	<ul> <li>Cause of Death</li> </ul>		Gancer Di	ортогаре				
	<ul> <li>Other Factors</li> </ul>							
	<ul> <li>Certifier</li> </ul>							
	🕑 Certify							
	Other Links							
	Relinquish Case							
	Documentary Evidence							
	Case Messages							
1	Drop To Paper							
	Print Forms							
	Refer to Coroner/ME							

Figure 60 - Drop to Paper

3. Click the **OK** button to confirm to drop the case to paper.

**NOTE**: Once you drop the case to paper the case is locked. You can cancel the Drop to Paper process up until the case is registered. After the case is registered the process cannot be reversed.

	Department of Health	Are you sure you want to perform Drop to Paper action for this case? × Once 'Dropped to Paper', case cannot be updated. To print a copy, select the Drop to Paper Copy under Print Forms. Press OK to proceed or Cancel	out
= [	Death Registration	to abort Drop to Paper.	1
	Personal Information	Салсеl	
	Decedent	Of Death Valid Certified Unsigned	
	Place of Death		
	Medical Information	Drop to Paper Page	1
	Pronouncement		
	Cause of Death	Urop to Paper Cancel Drop to Paper	
	Other Factors		
	Certifier		
	<ul> <li>Certify</li> </ul>		
	Other Links		
	Relinquish Case		
	Documentary Evidence		
	Case Messages		
	Drop To Paper		
	Print Forms		
	Refer to Coroner/ME		

Figure 61 - Drop to Paper Confirmation Window

After you confirm the Drop to Paper action for your case, a case message is entered.



Ot	he	r Li	inl	ks
υ	IIE			V D

	Construct of Localth					$\vee $	elcome	Ø	¢ 🋪
						Jenr	ifer Pickles	Scranton	Logout
≡	Death Registration	Case	<b>D:</b> 27720264	Decedent Name:	amanda abarkin Eur	ant Date: Ech 12 20	ional mospital of	Scrunton	
	Personal Information	Case I	<b>D.</b> 37720304	Decedent Name.		ent Date. Peb-13-20	124		
	Decedent		Case Status:	Drop to Paper Me	dical Valid With Exceptions	Personal Pendin	nal Pending Fact Of Death Valio		
	Place of Death			Certified Unregist	ered				
	Medical Information	Message	es						
	Pronouncement					0			
	Cause of Death	Sender	Facility	Subject	Body	Date	Attachments	Recipient	
	Other Factors	Jennifer	Regional	Death Case	Case ID: 37720364 - aman	da gherkin Mar (	15		<b>A</b>
	Certifier	Pickles	Hospital of	37720364 - Drop to	Date of Death: Feb 13, 2024	has been 2024	,		-
	Certify		Scranton	Paper	Dropped to Paper.				
	Other Links						_		
	Relinquish Case							New Messag	°
	Documentary Evidence								
	⊘ Case Messages							turn to Decu	
	Drop To Paper						R	tum to Resu	IS
	Print Forms								
	Refer to Coroner/ME								
	Case Status History								
	Request to Abandon/Void								
	Comments								

#### Figure 62 - Drop to Paper Case Message

NOTES



## Printing the Drop to Paper Copy

- 1. In your certified case, click the Print Forms link under Other Links.
- 2. Click the Drop to Paper Copy button to display the copy.

		Welcome	00**
	4	Jennifer Pickles	Logout
		Regional Hospital of Scranton	~
≡	Death Registration	Case ID: 37720364 Decedent Name: amanda gherkin Event Date: Feb-13-2024	
	Personal Information		
	Decedent	Case Status: Drop to Paper Medical Valid With Exceptions Personal Pending	
	Place of Death	Fact of beath valid Certified Onregistered	
	Medical Information	Print Forms Page	
	Pronouncement	Ch. Report of Death Working Conv.	
	<ul> <li>Cause of Death</li> </ul>		
	<ul> <li>Other Factors</li> </ul>	2	
	<ul> <li>Certifier</li> </ul>	Return to Ret	suits
	<ul> <li>Certify</li> </ul>		
	Other Links		
	Relinquish Case		
	Documentary Evidence		
	Case Messages		
	Drop To Paper		
1	Print Forms		
	Refer to Coroner/ME		

Figure 63 - Print Forms Page

3. The Drop to Paper Copy displays. You can now download or print the copy.

	Drop to Paper Copy	×	0 0
S. S. S.		3	Logou
	E Barrant of Live Rinth		~
De			
E Dee		<form><form><text></text></form></form>	suits
0		<pre>degrapheres.ext // image: degrapheres and image: degrapheres an</pre>	
		Image: Section of the sectio	

Figure 64 - Drop to Paper Copy



## Print Forms

The Print Forms link contains documents that you can print and use to capture information related to the case then upload to the Documentary Evidence page.

## Viewing the Report of Death Working Copy

Enter into paper/electronic files for your records that is a noncertified copy of the death certificate in report format.

## Viewing the Report of Maternal Death form

If the decedent is female and any of the following pregnancy statuses on the Other Factors page are selected, the Report of Maternal Death form Validation Message fires:

- Pregnant at time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death

When you save one of these pregnancy statuses, the case status displays *DE* – *Report of Maternal Death* and the Validation Message that displays at the bottom of the Other Factors page provides additional information. Please note that you cannot certify the case <del>cannot be</del> <del>registered</del> until you complete the Report of Maternal Death form and upload it to the Documentary Evidence page.

	Department of Health					Welcome Jennifer Pickles	C C
≡	Death Registration					Regional Hospital of Sc	
	Personal Information					Return to Results	Save >
	Decedent	0	TOOLOT Beardent	New year of a constant	Front Barbar Cale 10 0004		
	Place of Death	Case ID: 3	//20191 Decedent	Name: Amanda Gherkin	Event Date: Feb-13-2024		
	Medical Information	Death Plac	e: Regional Hospital of Sci	anton			
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	Certifier	Other Factors					
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	Relinquish Case						
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	<ul> <li>Case Messages</li> </ul>	Yes		× ~	No		× ~
	Drop To Paper	Crawlfu Draw					
	Print Forms	Specify Preg	nancy Status*				
	Refer to Coroner/ME	Not pregnar	nt, but pregnant within 42 d	ays of death 🛛 🗙 🗸			
	Case Status History	Did Tobacco	Use Contribute to Death?	Manner of Death			
	Request to Abandon/Void	No	×	<ul> <li>Natural</li> </ul>	× ~		
	Comments	Was Medical	Examiner or Coroner cont	acted?			
	CDC Validation						
	Registration Validations	res		* ~			
	Transfer Ownership						
	Medical Certification Request	Rule ID DR8326	Message The Pregnancy Status selected is one that requires the Report of Maternal Death form to be completed.	Action Message To resolve this error, down from the Print Forms tab I upload the completed for Report of Maternal Death may submit by email at ra 265-7371. This case cann has been received.	Iload the report of Maternal Deat In the menu, complete the form, in under Documentary Evidence. If you are unable to upload the ! dhdeathreg@pa.gov or by fax to ot be registered until the comple	Override In form and as 'DE - form, you i717- ted form	Reason
						Return to Results	Show All

Figure 65 - Other Factors Validation Message



### Viewing the Rare Cause of Death Form

If you save a rare cause of death in Line A on the Cause of Death tab, you trigger the Rare Cause of Death validation message at the bottom of the pages. You must complete the Rare Cause of Death form that becomes available under the Print Forms tab. When you save a Rare Cause of Death, the case status displays Rare Cause of Death. Review the Validation Message at the bottom of the page for additional information.

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Image: series of backs        Image: series of backs           Image: series of backs                 Image: series of backs                                                                                                                        <	Department of Health			Jennifer Pickles	Logou
Personal Information   Personal Information   • Decked Detain	9			Regional Hospital of Scranto	on v
Personal information       Construction	Death Registration				
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Figure 66 - Rare Cause of Death



### Generating a Print Forms Document

- 1. Navigate to the Print Forms link under Other Links.
- 2. Click the button of the form you would like to generate.

	Department of Health	Welcon Jennifer Pici	C C C C C C C C C C C C C C C C C C C
≡	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024	
	Personal Information           Decedent           Place of Death	Case Status:         DE - Report of Maternal Death         Medical Pending         Personal Pending         Fact Of Death Valid         Pronounceme           Uncertified         Unsigned         Unregistered         Rare Cause of Death         DE-Miscellaneous	nt Required
	Medical Information	Print Forms Page	
	Pronouncement     Cause of Death	2 C Report of Death Working Copy C Report of Maternal Death Form Rare Cause Of Death	
	Certifier		Return to Results
1	Conner Links Relinquish Case Cocumentary Evidence Case Messages Drop To Paper Print Forms		

Figure 67 - Generating the Print Forms Documents

3. A window opens, displaying the form with pre-populated fields from the case. You can now download or print the copy.

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≡	Death Registration		индин топо Торгата условертнеета сомаломаласа со урованалама в соматиску со насла в что насла в что насла в что насла в что насла в	
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	Place of Death		Ed. Residence (source)     En. Residence (sig code)     Dis. decadenti lund in    trapped     Dis. decadenti lund in     Dis. decadenti lund in     Dis. decadenti lund in     Dis. decadenti lund in	
	Medical Information		Der un Lis Ammel Frenzenzenzenzen freien mittelie auf seiner underen Einsteinen Bernaren under seiner un	
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	Other Links		10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10	
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	CDC Validation		Example and the second se	
	Registration Validations		28. Part 1: Exter the sther <u>operfacet continues contributing to dearb</u> but not resulting in underlying cause given in Part 1.     27. Was as adaptagy performed     28. Your a subgray findings available to     29	
	Transfer Ownership		Comparison accusar or country	
	Medical Certification Requ		A Description of death     A Description of death     A Description of death     A Description of death     A Description     A Descr	
			1         Debicious / program suffici he part year         International organization of the part year         International organization of the part year           34. Placed fluxy (e.g., tom, construction site, ferr, citodo)         35. Location of the part year         Construction of the part year	
			M. Dray et also:         X1. El support at each stripe, weity;         M. Drawfile how stripe accured.           In the intervention of the stripe accurate accur	
			By Certifier – physician, certifier – physician, and strain and strain medical examinary (incurse (black only one))     Certifier game - 2 to the old of should go dath strain the the strain given and strain strain data and strains related as the strain given as	
			E II U reconcision with different to the basis of examinance, may general participation, may general participation of the terms (all and manine shall)     View Mithing Concentration of the state	

Figure 68 – Report of Death Working Copy



4. If you are completing the Report of Maternal Death or Rare Cause of Death forms, please see the section *Documentary Evidence* for instructions on uploading the forms to eVitals.

		Report of Maternal Death Form		× (elcome 🛛 🛛 🏘 🐐
	Department of I			inifer Pickles Logout
	<u> </u>	GenerateReportMatrenalDeath	1/1   - 68% +   🗊 🔊 📩 🚔 🗄	egional Hospital of Scranton 🗸 🗸 🗸
=	Death Registration			
	Personal Information	The second secon	H 306.00(0/11) COMMACHIVEALTH OF PENNSYLVANIA	nouncement Required
	Decedent	in the second se	DEPARTMENT OF HEALTH	
	Place of Death		REPORT OF MATERNAL DEATH The below information is required to be reported by the certifier for all maternal deaths. 18 Pa. C.S. & 3214(e). Per the	
	Medical Information		Maternal Mortality Review Act of 2016, a maternal death is defined as the death of a woman during pregnancy or within one year after the pregnancy has ended through childbirth, stillbirth or other means. Maternal deaths may be	
	Pronouncement	1	prepriarky reaced or prepriarky associated. Forms must be uploaded into the electronic death registry or mailed to 555 Walnut Street, 6 <sup>th</sup> floor, Harrisburg, PA	
	Cause of Death		17101-1914 prior to the death being registered.	
	Other Factors		Arranda Gherkin	Deturn to Desults
	Certifier		Name of Deceased:	Return to Results
	Other Links		Date of Birth:	
	Relinquish Case		Physician's estimated length of gestation at time of pregnancy disposition: menstrual weeks.	
	Documentary Evidence		Pregnancy Disposition:	
	🗢 Case Messages		Live Birth Spontaneous Abortion	
	Drop To Paper		Induced Abortion     Other (specify):	
	Print Forms			
	Refer to Coroner/ME		Date of Disposition:	
	Case Status History		Was woman under the care of a physician at any time both 21 or more days after the time she became pregnant and within 60 days adors to be doubb?	
	Request to Abandon/Void		Yes No Unknown	
	Comments			
	CDC Validation			
	Registration Validations			
	Transfer Ownership		Certifier's Signature License Number Date Submitted	
	Medical Certification Requ			

Figure 69 - Report of Maternal Death

		Rare Cause		×	/elcome 🛛 🛚 🔹	*
	Department of I				inifer Pickles Logou	rt
	V_	GenerateDeathRareCause	1/1   - 68% +   🕄 🔊 🖢 🖶	:	egional Hospital of Scranton 🛛 🗸 🗸	
Ξ	Death Registration					
	Personal Information		pennsylvania Demiment of Health			
	Decedent		Rev. 66/2023		nouncement Required	
	Place of Death		CONFIRMATION OF RARE CAUSE			
	Medical Information		Within 10 business days, return this form or submit a medical amendment to the record. Case ID: 2785566			
	Pronouncement	1	Decedent: Awarda Gherkin Date of Death: May 00, 2024 Beau Counter			
	Cause of Death		Cause of Death:			
	Other Factors					
	Certifier				Return to Results	
	Other Links		Significant Conditions Contributing to the Death;			
	Relinquish Case		Check all that anely: This rare cause was active or current at time of death. This rare cause was curred, old or headed at time of death.			
	Documentary Evidence		Test results to verify this rare cause are panding. Exclude the second			
	Case Messaries		explain now the rare cause was commence. List insolution y test results, interest in mostly, control evidence and or other pertinent information. If applicable, please state the name of the laboratory test and/or source of evidence:			
	Drop To Paper					
	Print Forms					
	Refer to Coroner/ME					
	Case Status History					
	Request to Abandon/Void		To the host of my investigate. I are configurion that the describer's death use caused or attributed to the mer disease			
	Comments		as fixed above.			
	CDC Validation		Signature Telephone Date			
	Registration Validations		Submit this form to the PA Department of Health: By fax: 717-265-7371			
	Transfer Ownership		By email: <u>rs-DHDeathRegStpa_gov</u>			
	Medical Certification Requ		Bureau of Health Statistics and Registries   Design of Statistics Registries			
			000 Walkut Street (Hainstang, PA 17101-1934 (1800-322-9813) association			

Figure 70 - Rare Cause of Death



0 🗘 🎢

Logout

# eVitals Medical Facility **User Training Guide**

## Refer to a Coroner/ME

Sometimes you may need to refer a case to a Medical Examiner or Coroner for further investigation into the cause of death or the manner of death. When this occurs use the Refer to Coroner/ME link to send the case to the appropriate Coroner/ME for assistance.

## Referring to Coroner/ME

- 1. Navigate to the Refer to Coroner/ME link under Other Links.
- 2. When you refer a case to the Coroner/ME, your County Coroner automatically populates.
- 3. Select a reason from the drop-down list, then enter a reason for the referral in the Comment field.
- Welcome Department of Health Jennifer Pickles Regional Hospital of Scranton **Death Registration** Ξ Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024 Personal Information Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required Unsigned Decedent Unregistered DE-Miscellaneous Place of Death **Medical Information** Refer To Coroner/ME Pronouncement Coroner/ME Office Cause of Death 2 Lackawanna County Coroner **Q** Look up Facility 2 Other Factors 🟉 Clear Certifier Select Reason **Other Links** 3 Cause of Death × Relinquish Case Comment\* Documentary Evidence Enter reason for referral Case Messages 3 Drop To Paper Print Forms Refer to Coroner/ME 1
- 4. Click the Submit Request button to complete the Referral.



Max Length allowed is 200 characters

### NOTES

Case Status History

Comments

**CDC** Validation

Request to Abandon/Void



Submit Request

4

## Cancelling the Referral to ME/Coroner

When you cancel a referral to the ME/Coroner, your facility still retains ownership of the medical information of the case.

1. To rescind the Coroner/ME referral, click the **Cancel** button at the end of the row in the Referral Status section at the bottom of the page.

Department of Health         E       Death Registration         Personal Information       Case ID: 37853696       Decedent Name:         © Decedent       Case Status:       Medical Valid       Personal Information         © Pronouncement       Coroner/ME       Refer To Coroner/ME         © Course of Death       Select Reason*       Select one         © Documentary Evidence       Case Messages       Drop To Paper       Max Length allowed is 200 charace         © Case Status History       Request to Abandon/Void       Max Length allowed is 200 charace       Referral Status         CDC Validation       Registration Validations       Referral Status       Referral Status					
Death Registration       Case ID: 37853696       Decedent Name: A         Personal Information       Case Status:       Medical Valid       Personal Information         Observed       Place of Death       Case Status:       Medical Valid       Personal Information         Personal Information       Case Status:       Medical Valid       Personal Information         Personal Information       Case Status:       Medical Valid       Personal Information         Personuncement       Coroner/ME       Coroner/ME       Medical Valid       Personal Information         Other Factors       Select Reason*       Select Reason*       Select one         Other Links       Select One       Comment*       Select one       Comment*         Observer       Drop To Paper       Max Length allowed is 200 charace       Max Length allowed is 200 charace         Comments       CDC Validation       Referral Status       Referral Status			Jennifer Pickles	L. L.	Log
Death Registration       Case ID: 37853696       Decedent Name: J         Personal Information       Case Status:       Medical Valid       Personal Information         Decedent       Information       Case Status:       Medical Valid       Personal Information         Medical Information       Refer To Coroner/ME       Refer To Coroner/ME Office*       Integration         Other Factors       Select Reason*       Integration       Select one         Other Links       Select one       Comment*         Case Status History       Registration Validations       Max Length allowed is 200 character         Registration Validations       Referral Status       Referral Status			Regional Hospital of	Scranton	
Personal Information       Case Status:       Medical Valid       Personal         Place of Death       Inregistered       ME         Medical Information       Refer To Coroner/ME       Coroner/ME         Other Factors       Select Reason*         Other Links       Select one         Other Links       Comment*         Obcumentary Evidence       Case Messages         Drop To Paper       Print Forms         Refer to Coroner/ME       Max Length allowed is 200 character         CDCV Validation       Referral Status         Transfer Ownership       Area	Amanda Gherkin	Event Date: N	May-03-2024		
Decedent     Decedent     Place of Death     Medical Information     Pronouncement     Cause of Death     Other Factors     Certifier     Other Factors     Certifier     Other Links     Relinquish Case     Conventary Evidence     Case Messages     Drop To Paper     Print Forms     Refer to Coroner/ME     Case Status History     Request to Abandon/Void     Comments     CDC Validation     Registration Validations     Transfer Ownership     Transfer Ownership     Decedent     Case Status     Case Status     Referral Status     Table					
Decedent     Decedent     Place of Death      Medical Information     Pronouncement     Cause of Death     Other Factors     Certifier      Other Eators     Certifier      Other Links      Relinquish Case     Commentary Evidence     Case Messages     Drop To Paper      Print Forms      Refer to Coroner/ME      Case Status History      Request to Abandon/Void     Comments      CDC Validation      Registration Validations      Transfer Ownership      Date      ME F      Referral Status      Table      Mereine Status      Transfer Ownership      Date      Decedent      Mereine      Referral Status      Table      Decedent      Decedent      Mereine      Decedent      Referral Status      Table      Decedent      Decedent      Decedent      Decedent      Referral Status      Decedent      Decedent      Decedent      Decedent      Decedent      Decedent      Referral Status      Decedent      Decedent      Decedent      Decedent      Decedent      Decedent      Referral Status      Decedent      Decedet      Decedet      Decedet      Decedent      Decedent      Dece	onal Pending Fa	ict Of Death Valid	Certification Required	Unsigned	
Place of Dealth         Pronouncement         Cause of Death         Other Factors         Certifier         Other Links         Relinquish Case         Cocomentary Evidence         Case Messages         Drop To Paper         Print Forms         Request to Abandon/Void         Comments         CDC Validation         Registration Validations         Transfer Ownership	eferral Review D	E-Miscellaneous			
Medical Information       Refer To Coroner/ME <ul> <li>Pronouncement</li> <li>Cause of Death</li> <li>Other Factors</li> <li>Certifier</li> <li>Other Links</li> <li>Certifier</li> <li>Other Links</li> <li>Select Reason*</li> <li>Select one</li> <li>Comment*</li> <li>Comment*</li> <li>Case Messages</li> <li>Drop To Paper</li> <li>Print Forms</li> <li>Request to Abandon/Void</li> <li>Comments</li> <li>CDC Validation</li> <li>Registration Validations</li> <li>Referral Status</li> <li< td=""><td></td><td></td><td></td><td></td><td></td></li<></ul>					
Pronouncement   Cause of Death   Other Factors   Certifier   Other Links   Other Links   Relinquish Case   Cocomentary Evidence   Case Messages   Drop To Paper   Print Forms   Request to Abandon/Void   Comments   CDC Validation   Registration Validations   Transfer Ownership					
Cause of Death     Other Factors     Certifier     Cottiner     Certifier     Other Links     Select Reason*     Select one     Comment*     Consentary Evidence     Case Messages     Drop To Paper     Print Forms     Refer to Coroner/ME     Case Status History     Request to Abandon/Void     Comments     CDC Validation     Registration Validations     Referral Status     Transfer Ownership     Tab					
Other Factors     Certifier      Other Links      Relinquish Case      O Documentary Evidence      Case Messages      Drop To Paper      Print Forms      Refer to Coroner/ME      Case Status History      Request to Abandon/Void      Comments      CDC Validation      Registration Validations      Transfer Ownership      Date      Select Reason*      Select Reason*      Select Reason*      Select ne      Comment*      Select ne      Comment*      Max Length allowed is 200 charace      Referral Status      Transfer Ownership      Date					
Certifier     Certifier     Conter Links     Relinquish Case     ConcertAll     Conter Links     Select Reason*     Select one     Comment*     Conter Links     Conter Lin		LOOK up racinty			
Other Links     Select one       Relinquish Case     Comment*       Documentary Evidence     Comment*       Case Messages     Drop To Paper       Print Forms     Max Length allowed is 200 charaot       Refer to Coroner/ME     Max Length allowed is 200 charaot       Case Status History     Request to Abandon/Void       Comments     COC Validation       Registration Validations     Referral Status       Transfer Ownership     main					
Relinquish Case     Comment*       © Documentary Evidence     •       © Case Messages     •       Drop To Paper     •       Print Forms     •       Case Status History     •       Request to Abandon/Void     •       Comments     •       CDC Validation     •       Registration Validations     Referral Status       Transfer Ownership     •	~				
Documentary Evidence     Case Messages     Drop To Paper     Print Forms     Case Status History     Request to Abandon/Void     Comments     CDC Validation     Registration Validations     Transfer Ownership     Documents     Document					
Case Messages Drop To Paper Print Forms Case Status History Request to Abandon/Void Comments CDC Validation Registration Validations Transfer Ownership Transfer Ownership Table					
Drop To Paper Print Forms Refer to Coroner/ME Case Status History Request to Abandon/Void Comments CDC Validation Registration Validations Transfer Ownership Data					
Print Forms Refer to Coroner/ME Case Status History Request to Abandon/Void Comments CDC Validation Registration Validations Transfer Ownership Referral Status					
Refer to Coroner/ME       Case Status History       Request to Abandon/Void       Comments       CDC Validation       Registration Validations       Transfer Ownership					
Case Status History Request to Abandon/Void Comments CDC Validation Registration Validations Transfer Ownership Data	10				
Request to Abandon/Void       Comments       CDC Validation       Registration Validations       Transfer Ownership	ters				
Comments       CDC Validation       Registration Validations       Transfer Ownership			Submit Request		
CDC Validation     Registration Validations       Registration Validations     Referral Status       Transfer Ownership     Date				-	
Registration Validations         Referral Status           Transfer Ownership         Internal Status					
Transfer Ownership					
			Referral		
Medical Certification Request Requested Status From Facility To	Facility Us	er Reason	Comments 1	Action	
May 15, Pending Regional Hospital La 2024 of Scranton Co	ckawanna Pic unty Coroner Jei	ckles, Cause of nnifer Death	Enter reason for referral	X Cancel	

Figure 72 - Cancelling a Referral to ME/Coroner



2. Enter your reason for cancelling the referral, then click the **Save** button to continue.

	-								Velcome	00
	Department of H	Medical Examine	r Referral Ca	ncellation					ifer Pickles	Log
									nional Hospital	of Scranton
		Comment*	Enter re	ason for car	cellation.				gionacriospitat	of Schanton
	Death Registration								3-2024	
	Personal Information									
	Decedent								ification Requir	ed Unsigned
	Place of Death									
	Medical Information			.1			2			
			Max Lenį	gth allowed	i is 200 character	s	0	0.000		_
	Cause of Death						Cancel	Save		
	Other Factors	_	_	_			_	_	_	
	Certifier		Se	elect Reasor	1*					
	OtherLinke			Select one						
	other Links		Co	omment*						
	Relinquish Case									
	Documentary Evidence									
	Case Messages									
	Drop To Paper									
P	Print Forms									
L	Refer to Coroner/ME		м	ax Length	allowed is 200 ch	aracters				
	Case Status History			Ű						
			Referral St	tatus						
	Transfer Ownership		Date						Referral	
	Medical Certification Rec	uest	Requested	Status	From Facility	To Facility	User	Reason	Comments	Action
			May 15,	Pending	Regional Hospital	Lackawanna	Pickles,	Cause of	Enter reason for	
			2024		of Scranton	County Coroner	r Jennifer	Death	referral	- Cancel

Figure 73 - Enter Reason for Cancellation

The cancellation and reason you entered display at the bottom of the page.

	- 63-					Welcon	ne 🛛 🛛 🕈
	Department of Health					Jennifer Picl	kles Logo
						Regional Ho	spital of Scranton $\sim$
≡	Death Registration	Case ID: 3785369	6 Decedent	Name: Amanda Gh	erkin Event	Date: May-03-2024	
	Personal Information			· · · ·	· · · ·		
	Decedent	Case Sta	tus: Medical Valio	Personal Pendi	ng Fact Of Death \	/alid Certification Re	equired Unsigned
	<ul> <li>Place of Death</li> </ul>		Unregistered	DE-Miscellaneou	a		
	Medical Information	Refer To Coroner/M	:				
	Pronouncement	Coroner//	AE Office*				
	<ul> <li>Cause of Death</li> </ul>	Lookou			O Lashar (		
	Other Factors	LdCKdw		3	C LOOK UP F	acinty	
	Certifier	0.1.1.0			Clear		
	Other Links	Select o	ason*	~			
	Relinquish Case						
	<ul> <li>Documentary Evidence</li> </ul>	Commen	*				
	Case Messages						
	Drop To Paper						
	Print Forms						
	Refer to Coroner/ME						
	Case Status History	Max Loo	ath allowed is 200	characters //			
	Request to Abandon/Void	Wax Len	Eth allowed is 200	characters			
	Comments					Submit	Request
	CDC Validation						
	Registration Validations						
	Transfer Ownership	Referral Status					
	Medical Certification Request	Date Requested Statu	s From Facility	To Facility U	lser Reason	Referral Canc	el/Reject ments Action
		May 15, Canc 2024	elled Regional Hospital of Scranton	Lackawanna F County J Coroner	Pickles, Cause of lennifer Death	Enter reason Enter for referral canc	reason for ellation.

Figure 74 - Cancelled ME/Coroner Referral



## Case Status History

The Case Status History page provides a "who did what when" audit trail for the case status. Whenever the case status at the top of the page changes, you can see who made it, when, and their associated facility on this page. Additional information, such as comments and reasons, also display if they are available.

You can select how many entries you want to display at a time using the Show Entries dropdown and you can filter the results using the Filter field if you would like to see specific results.

If you would like to see your results in ascending or descending order, click a column header with next to it. A downward facing triangle indicates a descending sort or newest to oldest for dates and an upward facing triangle indicates an ascending sort or oldest to newest for dates.

1. Click the Click Case Status History link under Other Links to view the View Case History page.

			Welcome Ø
Department of Health			Jennifer Pickles
			Regional Hospital of Scranton
Death Registration	Case ID: 37853696 Decede	nt Name: Amanda Gherkin Event Date: May-03-2024	
Personal Information			
Decedent	Case Status: Medical Va	III Personal Pending Fact Of Death Valid Certification Requ	red Unsigned Unregistered
<ul> <li>Place of Death</li> </ul>	DE-MISCEI	aneous	
Medical Information	View Case History		
Pronouncement	Show 00 w entries		filter
Cause of Death	Snow 20 V entries		Filter.
Other Factors	Status	Status Associated Reject/Sp	ecial Other Migrated
Certifier	Date Status Name	set by Facility Name Comment Reason	Reason Reason
Other Links	5/15/2024 Certification 1:50:09 PM Required	Pickles, Regional Hospital Jennifer of Scranton	
Relinquish Case	5/15/2024 Medical Valid	Pickles. Regional Hospital	
<ul> <li>Documentary Evidence</li> </ul>	1:50:09 PM	Jennifer of Scranton	
<ul> <li>Case Messages</li> </ul>	5/15/2024 Uncertified	Pickles, Regional Hospital	
Drop To Paper	11:56:50 AM	Jennifer of Scranton	
Print Forms	5/15/2024 Medical Pending	Pickles, Regional Hospital	
Refer to Coroner/ME	11:56:50 AM	Jennifer of Scranton	
Case Status History	5/13/2024 Fact Of Death Valid 8:00:02 AM	Pickles, Regional Hospital	
Request to Abandon/Void	0.00.02 AW	Seminer of Scianton	
Comments	5/13/2024 Medical Pending 7:48:41 AM	Pickles, Regional Hospital Jennifer of Scranton	
CDC Validation	E/10/0004 Descend Description	Designal Uppering	
Registration Validations	7:48:41 AM	Jennifer of Scranton	
Transfer Ownership	5/13/2024 Eact Of Death	Pickles Regional Hospital	
Medical Certification Request	7:48:41 AM Pending	Jennifer of Scranton	
	5/3/2024 Uncertified 10:50:52 AM	Pickles, Regional Hospital Jennifer of Scranton	
	5/3/2024 Unsigned 10:50:52 AM	Pickles, Regional Hospital Jennifer of Scranton	
	5/3/2024 Unregistered 10:50:52 AM	Pickles, Regional Hospital Jennifer of Scranton	
	Showing 1 to 20 of 20 entries		Previous 1 Next

Figure 75 - Case Status History

#### NOTES



## Request to Abandon/Void a Case

You can request an unregistered case to be abandoned. You may encounter an *unregistered* case that is a duplicate case, or a case created in error and not needed and therefore you would request the case to be *abandoned*. If you have a case that has been *registered* and is not needed, you will submit a request to *void* the case.

**NOTE**: The steps to request a registered case to be voided are the same as below, the options in the drop-down lists are different.

## Requesting to Abandon an Unregistered Case

- 1. Click the Request to Abandon/Void link under Other Links.
- 2. Select the Request Type from the drop-down list.

	Department of Health	
		Regional Hospital of Scranton 🗸 🗸
≡	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
	Personal Information	
	Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required Unsigned Unregistered
	Place of Death	DE-Miscellaneous
	Medical Information	Request to Abandon/Void
	Pronouncement	Request Type*
	<ul> <li>Cause of Death</li> </ul>	
	Other Factors	Selectone A
	Certifier	
	Other Links	Z External Request to Abandon
	Relinquish Case	
	Ocumentary Evidence	
	😋 Case Messages	
	Drop To Paper	Max Length allowed is 200 characters
	Print Forms	
	Refer to Coroner/ME	Save
	Case Status History	
1	Request to Abandon/Void	

Figure 76 - Request to Abandon Unregistered Case

3. Enter your reason for abandoning/voiding the case, then click the **Save** button to continue.

	Department of Health		Welcome 🔹 🕈	ñ
			Regional Hospital of Scranton	
≡	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024		
	Personal Information			
	Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required	I Unsigned Unregistered	
	Place of Death	DE-Miscellaneous		
	Medical Information	Request to Abandon/Void		
	Pronouncement	Request Type*		
	<ul> <li>Cause of Death</li> </ul>	External Descuration through a second s		
	<ul> <li>Other Factors</li> </ul>	External Request to Abandon * V		
	<ul> <li>Certifier</li> </ul>	Reason*		
	Other Links	3 Enter your reason for requesting to abandon the case.		
	Relinquish Case			
	<ul> <li>Documentary Evidence</li> </ul>			
	Case Messages			
	Drop To Paper	Max Length allowed is 200 characters		
	Print Forms	2		
	Refer to Coroner/ME	5	Save	
	Case Status History			
	Request to Abandon/Void			

Figure 77 - Reason for Requesting to Abandon Case



4. Click the **OK** button to continue.



Figure 78 - Confirmation to Abandon a Case

The case moves to the Ext Req to Abandon/Void Death queue. The case status is also updated with External request to Abandon/Void and the Case Status History page is updated with the new status change.

The Death Registry Unit (DRU,) the Facility Administrator, and Deputy Facility Administrator are the only users who can access and take action on the cases in the Ext Req to Abandon Death queue. The Ext Req to Void Death queue can only be accessed and worked by the DRU.

	Department of Health	Velcome O O M Jennifer Pickles Loport
	-	Regional Hospital of Scranton 💦 🗸
≡	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
	Personal Information	
	Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required Unsigned Unregistered
	<ul> <li>Place of Death</li> </ul>	External Request to Abandon DE-Miscellaneous
	Medical Information	Request to Abandon/Void
	Pronouncement	Request Type*
	<ul> <li>Cause of Death</li> </ul>	Selectione
	<ul> <li>Other Factors</li> </ul>	detect one
	<ul> <li>Certifier</li> </ul>	Reason*
	Other Links	
	Relinquish Case	
	<ul> <li>Documentary Evidence</li> </ul>	
	Case Messages	
	Drop To Paper	Max Length allowed is 200 characters
	Print Forms	
	Refer to Coroner/ME	Save
	Case Status History	
	Request to Abandon/Void	

Figure 79 - External Request to Abandon Case Status

		Welcome	004
	8	Jennifer Pickles	Logout
		Regional Hospital of Scr	ranton 🗸
=	Ext Reg To Abandon Death Show 25 v entries Case ID * Decedent's Legal Name © Date of Death © Sex © Status Date	Search:	
	37853696 Gherkin, Amanda May 03, 2024 Female May 16, 2024	Regional Hospital of Jesse H Geigle Funeral Home Scranton Inc	
	Showing 1 to 1 of 1 entries	Previous	Next
			Back

Figure 80 - Ext Req to Abandon Death Queue



## Cancelling a Request to Abandon/Void a Case

You can cancel your request to abandon or void a case by searching for the case number or locating your case in the Ext Req to Abandon Death or Ext Req to Void Death queues.

- 1. Once you have your case open, click the Request to Abandon/Void link under Other Links
- 2. Select Cancel Void/Abandon Request from the drop-down list, then enter your reason for cancelling the request in the Reason field.
- 3. Click the **Save** button to continue.

	Department of Health							∖ Je	Velcome	G	¢ Logoi	希 ut
	4								Regional Hospital of S	icranton	~	
=	Death Registration		Case ID: 37853696	Decedent Na	me: Amanda Gherki	in Event D	ate: May-03-2024					
	Personal Information											
	Decedent		Case Status:	Medical Valid	Personal Pending	Fact Of Death Va	alid Certification Rec	quired Unsig	Ined Unregistered			
	Place of Death			External Reques	t to Abandon DE-	Miscellaneous						
	Medical Information		Request to Abandon/Void									
-	Pronouncement		Request Type*									
	Cause of Death	2	Cancel Void (Abandon	Doquest	×							
	<ul> <li>Other Factors</li> </ul>	2	Cancer Void/Abandon	Request	~ ~							
	<ul> <li>Certifier</li> </ul>		Reason*									
	Other Links	2	Enter your reason for abandon the case.	cancelling your re	equest to							
	Relinquish Case	Z										
-	<ul> <li>Documentary Evidence</li> </ul>											
	<ul> <li>Case Messages</li> </ul>											
	Drop To Paper		Max Length allowed i	s 200 character	s							
	Print Forms							2 🗖				
	Refer to Coroner/ME							<u>э</u>	ave			
	Case Status History											
1	Request to Abandon/Void											

Figure 81 - Cancel a Request to Abandon/Void a Case

4. Click the **OK** button to continue.



Figure 82 - Confirm Cancellation of Request to Abandon/Void Case



### Comments

Use Comments to leave notes in your case for other authorized eVitals users to view. You can leave two types of comments in your case:

- Internal Comments display to authorized users within your facility.
- **External** Comments display to authorized users within eVitals who have access to the case.

### **Entering Comments**

- 1. Click the Comments link under Other Links.
- 2. Select the Comment Type from the drop-down list then enter your comment in the Comment field.

	Welcome 🔮 🌣
Department of Health	Jennifer Pickles Logo
	Regional Hospital of Scranton
Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024
Personal Information	
Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required
Place of Death	Unsigned Unregistered DE-Miscellaneous
Medical Information	Comments
Pronouncement	Enter Commont
Cause of Death	Enter Comment
Other Factors	Comment Type *
Certifier 2	Internal × V
Other Links	Comment*
Relinquish Case 2	Enter you comment, then click the Save Comment button.
<ul> <li>Documentary Evidence</li> </ul>	
Case Messages	
Drop To Paper	
Print Forms	Maximum taxt length:
Rafer to Coroner/ME	4000
Case Status History	
Request to Abandon/Void	Save Comment Clear
Comments	
CDC Validation	Filter:
Registration Validations	
Transfer Ownership	Entered
Medical Certification Request	Type Entered By Comment Office Edit Delete
	No data available in table

Figure 83 - Enter Comments page



3. Click the **Save Comment** button. The message displays that your comment is saved and your comment displays at the bottom of the page.

	Welcome 🔮	<b>\$</b> %
Department of Health	lennifer Pickles	∟ogout
<i>3</i>	Regional Hospital of Scranton	~
Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024	
Personal Information		
	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required	
Decedent	Unsigned Unregistered DE-Miscellaneous	
Place of Death		
Medical Information	Comments	
Pronouncement	Enter Comment	
<ul> <li>Cause of Death</li> </ul>	Enter comment	
Other Factors	Comment Type *	
Certifier	v	
Other Links	Comment*	
Relinquish Case		
Documentary Evidence		
🔿 Case Messages		
Drop To Paper		
Print Forms	Maximum taxt length:	
Refer to Coroner/ME	4000	
Case Status History		
Request to Abandon/Void	3 Save Comment Clear	
⊘ Comments		
CDC Validation	Comment saved	
Registration Validations		
Transfer Ownership		
Medical Certification Request	Filter:	
	Entered	
	Comment → Date ♦ Entered ♦	
	Type Entered By Comment Office Edit Delete	
	Internal 2024-05-16 Jenniter Enteryour Regional C <table-cell> 🏛 07:46 AM Pickles comment, Hospital of C 🏛 then click the Scranton Save Comment button.</table-cell>	
	Showing 1 to 1 of 1 entries	

Figure 84 - Saved Comment



### Editing a Comment

- 1. Click the **Edit** button for the comment you want to edit. The Edit and Delete buttons display only for your comments.
- 2. This opens the Comment field and Comment Type for editing. Make your changes to your comment.
- 3. Click the **Save Comment** button to save your edited comment.

		Welcome	004
	Department of Health	Jennifer Pickles	Logout
		Regional Hospital of Scranto	n v
≡	Death Registration	Case ID: 37853696 Decedent Name: Amanda Gherkin Event Date: May-03-2024	
	Personal Information		
	Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certification Required	
	Place of Death	Unsigned Unregistered DE-Miscellaneous	
	Medical Information	Comments	
	Pronouncement	Enter Commont	
	<ul> <li>Cause of Death</li> </ul>	Enter Comment	
	<ul> <li>Other Factors</li> </ul>	Comment Type *	
	<ul> <li>Certifier</li> </ul>	Internal × v	
	Other Links	Comment*	
	Relinquish Case	Enter your comment, then click the Save Comment button.	
	<ul> <li>Documentary Evidence</li> </ul>		
	Case Messages		
	Drop To Paper		
	Print Forms	Maximum taxt length:	
	Refer to Coroner/ME	4000	
	Case Status History		
	Request to Abandon/Void	3 Save Comment Clear	
	CDC Validation	Comment saved	
	Registration Validations		
	Transfer Ownership		
	Medical Certification Request	Filter:	
		Entered Comment → Date ♦ Entered ♦ ♦ By ♦ Type Entered By Comment Office <mark>↑</mark> Edit Delete	
		Internal 2024-05-16 Jennifer Enteryour Regional 07:46 AM Pickles comment, Hospital of the Scranton Save Comment button.	
		Showing 1 to 1 of 1 entries	

Figure 85 - Editing a Comment


### Deleting a Comment

1. To delete your comment, click the **trash can** in button at the end of your comment.

						Welco	me	
8						Jennifer Pi	ckles	
						Regional H	lospital of Scrant	loi
Death Registration	Case ID: 37853696	Deced	ent Name: A	manda Gherki	n Eve	ent Date: May	-03-2024	
Personal Information				10 1	5 10(5			
Decedent	Case Status:	Medical V	alid Perso	onal Pending	Fact Of Dea	th Valid Ce	ertification Requi	re
<ul> <li>Place of Death</li> </ul>		Unsigned	Uniegiste	ered DE-Misc	elianeous			
Medical Information	Comments							
 Pronouncement	Enter Comm	ant						
Cause of Death	EnterComm	ent						
Other Factors	Comment Type *							
Certifier			~					
Other Links	Comment*							
Relinquish Case								
<ul> <li>Documentary Evidence</li> </ul>								
<ul> <li>Case Messages</li> </ul>								
Drop To Paper								
Print Forms	Maximum text len	oth.						
Refer to Coroner/ME	4000	Barr.						
Case Status History				_				
Request to Abandon/Void				Save	Comment	Clear		
Ocmments								
CDC Validation				Filter:				
Registration Validations								
Transfer Ownership	Comment 🚽	Date 💧	Entered 💧		Entered By			
Medical Certification Request	Туре	Entered	Ву	Comment	Office	Edit	Delete	
	Internal	2024-05-16 )7:46 AM	Jennifer Pickles	Enter your comment, then click the Save Comment button.	Régional Hospital of Scranton	G	1 💼	
	Showing 1 to 1	of 1 entries						

Figure 86 - Deleting a Comment



2. Click the **OK** button in the pop-up window to confirm deletion of your comment.

-	Welco	me	004
	Are you sure you want to delete comment?	vickles	Logout
	2 ional	Hospital of Scranto	on v
Death Registration	Cancel OK te: Ma	ay-03-2024	
Personal Information			
Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid O	ertification Requir	ed
Place of Death			
Medical Information	Comments		
Pronouncement	Enter Comment		
Cause of Death	Enter Comment		
<ul> <li>Other Factors</li> </ul>	Comment Type *		
Certifier	External * V		
Other Links	Comment*		
Relinquish Case			
Ocumentary Evidence			
Case Messages			
Drop To Paper			
	Maximum taut lengths		
Refer to Coroner/ME	4000		
Case Status History			
Request to Abandon/Voi	d Save Comment Clear		
<ul> <li>Comments</li> </ul>			
CDC Validation	Filter		
Registration Validations			
Transfer Ownership	Entered Ru		
Medical Certification Request	Type Entered By Comment Office Edit	Delete	
	internal 2022-05-16 Jennifer Enteryour Regional C 07-46 AM Pickles comment. Hospital of then click the Scranton Save Comment button.	Ê	
	Showing 1 to 1 of 1 entries		

Figure 87 - Confirmation of Deleting a Comment

The message that your comment has been deleted displays and your comment no longer displays at the bottom of the page.

Jennifer Pickles         Regional Hognistration         Decedent         Decethic         Deconnett	001	Welcome				6	
Image: connect to connec	Logout	ennifer Pickles				Ś	
Death Registration       Case ID: 3785309       Decedent Mame: Amanda Gherkin       Event Date: May-03-2024         Personal Information       Decedent       Event Date: May-03-2024         Place of Death       Medical Information       Event Date: May-03-2024         Pronouncement       Case Status:       Medical Undormation         Other Factors       Comments       Decedent         Other Tinfer       Comment       Comment Type*         Observer       Case Messages       Drop To Paper         Print Forms       Refer to Coroner/ME       Case Status History         Registration Validations       Transfer Ownership       Maximum text length: 4000         Comment deleted       Filter:       Entered       By Comment         Print Poms       Entered       Entered       By Comment         Comment y Evidence       Comment text length: 4000       Entered       Entered         Comment y Evidence       Comment text length: 4000       Entered       Entered       By Comment         Comment y Evidence       Entered       E	n v	Regional Hospital of Scrantor				y	
Personal Information <ul> <li>Decedent</li> <li>Place of Death</li> </ul> Medical Information <li>Crussed Status:   Medical Information</li> <li>Crussed Death</li> Case of Death   Other Factors   Certifier   Other Factors   Certifier   Other Factors   Commentary Evidence   Case Messages   Drop To Paper   Print Forms   Refer to Coroner/IME   Case Status History   Registration Validations   Transfer Ownership   Medical Certification Request   Filter:   Comment 4   Entered   Entered   By Comment 5		Event Date: May-03-2024	Decedent Name: Amanda Gherkin	Case ID: 37853696	h Registration	Dea	=
Case Status: Medical Valid Personal Pending Fact of Death Valid Place of Death Medical Information Pronouncement Cause of Death Other Links Content Type * Content Type * Comment Conservice Case Status History Request to Abandon/Void Comment Vertifier Concent years to Abandon/Void Comment Vertifier Concent years to Abandon/Void Comment Vertifier Concent years to Abandon/Void Concent years to Aband					onal Information	Per	
Place of Death         Medical Information         Pronouncement         Cause of Death         Other Eactors         Certifier         Other Links         Relinquish Case         Documentary Evidence         Case Messages         Drop To Paper         Print Forms         Refer to Coroner/ME         Case Status History         Registration Validations         Transfer Ownership         Medical Certification Request         Medical Certification Request         Comment y         Date in the Entered         Date in the Entered         By Comment y         Entered         By Comment y         Date in table		Of Death Valid	Medical Valid Personal Pending	Case Status:	ecedent	•	
Medical Information       Comments         Pronouncement       Enter Comment         Cause of Death       Comment Type *         Other Factors       Comment Type *         Obscumentary Evidence       Comment *         Case Messages       Drop To Paper         Drop To Paper       Maximum text         Refer to Coroner/ME       Comment *         Case Status History       Save Comment *         Registration Validations       Comment deleted         Transfer Ownership       Filter:         Medical Certification Request       Differ *         Outer *       Differ *         Comment *       Differ *         Filter:       Prop *		Istered DE-Miscellaneous	Certification Required Unsigned		lace of Death	•	
Pronouncement Cause of Death Cate Cause of Death Cother Factors Certifier Cher Links Relinquish Case Documentary Evidence Case Messages Drop To Paper Print Forms Refer to Connert/ME Case Status History Request to Abandon/Void Connent text Eingth: 4000 Save Connent Clear Connent deleted Filter: Filter: Connent type * Die * Entered * By * Comment * Comment * Entered * By * Comment * Comment * Die * Entered * By * Comment * Comment * Die * Entered * By * Comment * Comment * Die * Entered * By * Comment * Comment * Die * Entered * By * Comment * Die * Entered * By * Comment * Comment * Die * Entered * By * Comment * Comment * Die * Entered * By * Comment * Die * Entered * By * Comment * Die * Entered * By * By * By * Comment * Die * Entered * By * By * Comment * Die * Entered * By * </td <td></td> <td></td> <td></td> <td>Comments</td> <td>cal Information</td> <td>Me</td> <td></td>				Comments	cal Information	Me	
Cause of Death Cause of Death Cause of Death Comment Type * Comment Comments Commen			nt	Entor Commo	ronouncement	•	
Comment Type * Comment Type * Comment Type * Comment Type * Comment Clear Clear Comment Clear Clear Comment Clear			III	Enter Comme	ause of Death	٠	
● Certifier         Other Links         Relinquish Case         ● Documentary Evidence         ● Case Messages         □ Do To Paper         Print Forms         Refer to Coroner/ME         Case Status History         Request to Abandon/Void         Ornments         CDD Validation         Transfer Ownership         Medical Certification Request         Image: Status Reguest of Abandon/Void         Comment         Class         Comment y         Date ()         Entered ()         Prive ()         Comment y         Comment y         Comment y         Comment y         Date ()         Entered ()         Prive ()         Comment y         Date ()         Entered ()         Prive ()         Date ()				Comment Type *	ther Factors	٠	
Other Links       Comment*         Relinquish Case       Maximum text         Orop To Paper       Maximum text         Print Forms       Maximum text         Case Status History       Save Comment         CBC Validation       Comments         CDC Validation       Comment         CDC Validation       Comment deleted         Registration Validations       Filter:         Transfer Ownership       Filter:         Medical Certification Request       Entered by comment			~		ertifier	٠	
Relinquish Case         © Documentary Evidence         © Case Messages         Drop To Paper         Print Forms         Refer to Coroner/ME         Case Status History         Request to Abandon/Void         Comments         CDC Validation         Registration Validations         Transfer Ownership         Medical Certification Request         Comment y Entered         Drop Type         Entered         By Comment         Comment y Entered         By Comment         Comment y Entered         No data available in table				Comment*	r Links	Oth	
					elinquish Case		
Case Messages Drop To Paper Print Forms Refer to Conner/ME Case Status History Request to Abandon/Void Comments CDCV Validations Transfer Ownership Medical Certification Request					ocumentary Evidence	۲	
Drop To Paper         Print Forms         Refer to Coroner/ME         Case Status History         Request to Abandon/Void         Convinents         CDC Validation         Registration Validations         Transfer Ownership         Medical Certification Request         Comment y       Date ()         Entered       By ()         Type       Entered       By ()         Type       Entered       By ()         No data available in table       Leitered       Delete					ase Messages	۲	
Print Forms       Maximum text         Refer to Conner/ME       Case Status History         Case Status History       Save Comment         Comments       Comments         CDC Validation       Comment deleted         Registration Validations       Filter:         Transfer Ownership       Filter:         Medical Certification Request       Entered ⊕ ⊕ By ⊕ By ⊕ Sy ⊕ Sy ⊕ Sy ⊕ Sy ⊕ Sy ⊕					rop To Paper		
Refer to Coroner/ME       Case Status History         Case Status History       Reguest to Abandon/Void         Comments       Comments         CDC Validation       Comment deleted         Registration Validations       Filter:         Transfer Ownership       Filter:         Medical Certification Request       Entered         Comment				Maximum text	rint Forms		
Case Status History         Request to Abandon/Void         Comments         CDC Validation         Transfer Ownership         Medical Certification Request         Comment				length: 4000	efer to Coroner/ME		
Request to Abandon/Void     Save Comment     Clar       Comments     Conversion     Conversion     Conversion       CDC Validation     Conversion     Conversion     Conversion       Transfer Ownership     Medical Certification Request     Filter:     Filter:       Comment & Date & Entered & By & Entered By Comment & Office & Edit Delete       No deta available in table				-	ase Status History		
Comments         CDC Validation         Registration Validations         Transfer Ownership         Medical Certification Request         Filter:         Comment		Clear	Save Comm		equest to Abandon/Void		
CDC Validation       Comment deleted         Registration Validations       Filter:         Medical Certification Request       Filter:         Comment					omments		
Registration Validations         Transfer Ownership         Medical Certification Request         Comment			Comment deleted		DC Validation		
Transfer Ownership Medical Certification Request					egistration Validations		
Medical Certification Request       Filter:         Comment -       Date       Entered       By       By <td></td> <td></td> <td></td> <td></td> <td>ransfer Ownership</td> <td></td> <td></td>					ransfer Ownership		
Comment v Date in Entered By By in Type Entered By Comment Office Edit Delete No data available in table			Filter:		ledical Certification Request		
Comment Jate Entered By By Type Entered By Comment Office Edit Delete No data available in table							
		ered ¢ fice Edit Delete	Date 🖨 Entered 🖨 🖨 Entered By Comment	Comment - Type			
				No data available			

Figure 88 - Comment Deleted Message



#### **CDC Validations**

If you enter a Cause of Death that triggers a validation message, the CDC Validation page provides additional information regarding the error.

The CDC Validation page is read only and provides the term and message that is conflicting with the data entered in the case.

In this example, the message indicates that on our Cause of Death page the term Prostate Cancer was entered for the cause of death and has violated a rule that the decedent must be Male, our decedent is female and to please verify the entries.

	Department of Health								Welcome Jennifer Pickles Regional Hospital	C C Contraction	agou
≡	Death Registration	Case II	37853696	Decedent Nar	ne: Amanda Gherkin	Event Date: Ma	y-03-2024		_		
	Personal Information					(n			1 Carrier III		
	<ul> <li>Decedent</li> </ul>		Case Status	: Medical Pending	Personal Pending	Fact Of Death Valid	Uncertified	Unsigned Unregistere	DE-Miscellaneous		
	Place of Death	Validation	19								
	Medical Information	The	elula -	<b>-</b>						Crusted Data	
	Pronouncement	туре	Field	Term	Message					Created Date	
	Cause of Death	MedEdits	Line1b I	PROSTATE CANCER	Information on Li	ne1b has violated the rule	e: Must be Male (a	absolute) Please verify e	ntries.	May 16, 2024	
	<ul> <li>Other Factors</li> </ul>										
	Certifier										
	Other Links										
	Relinquish Case										
	<ul> <li>Documentary Evidence</li> </ul>										
	Case Messages										
	Drop To Paper										
	Print Forms										
	Refer to Coroner/ME										
	Case Status History										
	Request to Abandon/Void										
	Comments										
	CDC Validation										1

Figure 89 - CDC Validation

When you correct the validation messages on the Cause of Death tab, the CDC Validations no longer display.

	Department of Health					Welcome Jennifer Pickles Regional Hospital	Ø ✿ 希 Logout of Scranton ↓
≡	Death Registration	Case ID: 37	853696 Decedent I	Name: Amanda Gherkin	Event Date: May-03-2024		
	Personal Information		Otatum Madiael Malid	Descend Deadles   6		Denvired Unstand Unservicenced DC Misselle	
	Decedent	Ca	ise status: Medical valid	Personal Pending 15	act of beath valid _ Certification	Required Unsigned Unregistered DE-Miscella	neous
	<ul> <li>Place of Death</li> </ul>	Validations					
	Medical Information						
	Pronouncement	Туре	Field	Term	Message	Created Date	
	<ul> <li>Cause of Death</li> </ul>						
	Other Factors						
	Certifier						
	Other Links						
	Relinquish Case						
	<ul> <li>Documentary Evidence</li> </ul>						
	<ul> <li>Case Messages</li> </ul>						
	Drop To Paper						
	Print Forms						
	Refer to Coroner/ME						
	Case Status History						
	Request to Abandon/Void						
	Comments						
	CDC Validation						

Figure 90 - Corrected Cause of Death Displays No Validations



#### **Registration Validations**

The Registration Validations page displays validation errors across all of the tabs in your case. You can fix the override errors on this page, or you can click the green button at the end of the row to view the error on the page and correct it from that page.

Event Vali	idations				
Rule ID	Message	Action Message	Override	Override Reason	Goto Page
DR3016	The Cause of Death entered on line a is a rare, infectious disease.	The Cause of Death entered on line a is considered a rare cause. Confirmation of Rare Cause <sup>*</sup> form which is available from the Other Links menu. Submit the completed form to PA's Death Registry team by accessing the Documentary Evidence tab under other links, select Rare Cause as the document type and upload the form or by email at ra- dhdeathreg@pa.gov or by fax to 717-265-7371.			Cause of Deat

Figure 91 - Event Validations

If your case has no validation errors on any of the tabs, the Registration Validations page will display a "No validation errors found" message.

	Department of Health			Welcor Jennifer Pic Regional Ho	Me O O A Ikles Logout
≡	Death Registration	Case ID: 37853696	Decedent Name: Amanda Gherkin	Event Date: May-03-2024	
	Personal Information				
	Decedent	Case Statu	s: Medical Valid Personal Pending Fact (	Of Death Valid Certification Required	Unsigned
	Place of Death		Unregistered DE-Miscellaneous		
	Medical Information	Event Validations			
	Pronouncement				
	Cause of Death				
	Other Factors		No validation e	rrors found	
	Certifier				
	Other Links				Return to Results
	Relinquish Case				
	<ul> <li>Documentary Evidence</li> </ul>				
	<ul> <li>Case Messages</li> </ul>				
	Drop To Paper				
	Print Forms				
	Refer to Coroner/ME				
	Case Status History				
	Request to Abandon/Void				
	Comments				
	CDC Validation				
	Registration Validations				

Figure 92 - Registration Validation page



### Transfer Ownership

Use Transfer Ownership if you need to transfer an unregistered death case to another medical facility. When you initiate an ownership transfer, the facility to which you are transferring the case accepts or rejects the case.

### Transferring Ownership

- 1. Navigate to the Transfer Ownership link under Other Links.
- 2. The Ownership defaults to Medical Ownership, click the **Look up Facility** button to assign a medical facility.

	Department of Health							We	lcome	0	Lo	2
								Regi	onal Hospital of	Scranton		9
	Death Registration	Case ID: 37720191		Decedent Name:	Amanda G	herkin	Event Date: F	eb-13-2024				
Γ	Personal Information											
	Decedent	Case Statu	IS:	Medical Pending   F	Personal P	ending	Fact Of Death Vali	d Uncertified	Pronounced	Unsigned		
	Place of Death			Unregistered								
	Medical Information	Transfer Ownership										l
	Pronouncement	Transfer Ow	nersi	nip*								J
	Cause of Death	Hadred D		-								
	Other Factors	Medical Ov	men	nip	×							
	Certifier	Facility Nam	e*									
	Other Links				2	Q L00	k up Facility					
	Relinguish Case					8 Cle	ar					
	Documentary Evidence	Comments*										
	Case Messages											
	Drop To Paper											
	Print Forms											
	Refer to Coroner/ME											
	Case Status History	Max Length	alle	used in 200 charact	are							
	Request to Abandon/Void	max cengu	and	web is 200 charact	ers							
	Comments							Save				
	CDC Validation											
	Registration Validations				_	_						l
	Transfer Ownership								Re	turn to Resul	ts	ĺ
	Medical Certification Request											l

Figure 93 - Transfer Ownership page



3. The Look up Facility window displays. Enter the Facility Name to transfer the case, then click the **Search** button.

You can use the "%" wildcard character in your search.

4. Click the <u>Select</u> link to add the facility to the case.

		Look up Facility					lelcome	00**
	Department of He	3			3		nifer Pickles	Logout
		Facility	%hershey medi%		Search		egional Hospital of Scran	ton 🗸
Ξ	Death Registration	Name				_		
	Personal Information	Facility Name		Address	City	4		
		Hershey Medical Ce	nter	500 University Dr	Hershey	Select	ied Pronounced Uns	igned
	Place of Death	MILTON S. HERSHE	Y MEDICAL CENTER, THE	500 University Dr	Hershey	Select		
	Medical Information		_					
	Pronouncement			Cancel				
	Cause of Death							
	Other Factors							
	Certifier		Facility Name*					
	Other Links			Q Lo	ok up Facility			
			Comments*					
	Decumentary Svidence		Enter your reason for the	transfer.				
			·					
	Drop To Dopor							
	Drop TO Paper							
	Case Status History		Max Length allowed is 2	00 characters				
	Comments					Save		
	CDC Validation							
	Transfer Ownership						Return to	Results

Figure 94 - Look up Facility Window

5. The facility displays in the case. Enter your reason for the transfer in the Comments field, then click the **Save** button.

	Department of Health							We	come	0	¢	•
								Regi	onal Hospital of	Scranton		ļ
	Death Registration	Case I	D: 37720191	Decedent Nam	e: Amano	da Gherkin	Event Date: F	eb-13-2024				
Г	Personal Information											
	Decedent		Case Status:	Medical Pending	Person	al Pending	Fact Of Death Valid	Uncertified	Pronounced	Unsigned		
	Place of Death			Unregistered								
	Medical Information	Transfer	Ownership									
	Pronouncement		Transfer Owner	chin*								J
	Cause of Death			anip								
	Other Factors		Medical Owne	ership	×							
	Certifier		Facility Name*									
	Other Links		Hershey Medi	ical Center		Q L00	k up Facility					
	Relinquish Case					🥭 Cle	ar					
	Documentary Evidence		Comments*		_							
	Case Messages	5	Enter your rea	ison for the transfer.								
	Drop To Paper											
	Print Forms											
	Refer to Coroner/ME											
	Case Status History		Max Longth a	llowed is 200 share	/							
	Request to Abandon/Void		Max Length a	nowed is 200 chara	icters		5					
	<ul> <li>Comments</li> </ul>							Save				
	CDC Validation											
	Registration Validations											
	Transfer Ownership								Ret	turn to Resul	ts	
	Medical Certification Request											

Figure 95 - Enter Reason for Transfer



6. Click the **OK** button to complete the transfer to the new facility.

	Department of Health	Are you sure you want to Transfer Medical Ownership of the case? Press × OK to Transfer Ownership of the case or cancel to retain ownership. 6
≡	Death Registration	Cancel OK p-13-2024
	Personal Information	
	Decedent	Case Status: Medical Pending Personal Pending Fact Of Death Valid Uncertified Pronounced Unsigned
	<ul> <li>Place of Death</li> </ul>	Unregistered
	Medical Information	Transfer Ownership
	Pronouncement	Transfer Ownership*
	Cause of Death	
	Other Factors	Medical Ownership v
	Certifier	Facility Name*
	Other Links	Hershey Medical Center Q Look up Facility
	Relinquish Case	2 Clear
	Documentary Evidence	Comments*
	Case Messages	Enter your reason for the transfer.
	Drop To Paper	
	Print Forms	
	Refer to Coroner/ME	
	Case Status History	May Length allowed is 200 characters
	Request to Abandon/Void	Max Lenger allowed is 200 characters
	Comments	Save
	CDC Validation	
	Registration Validations	
	Transfer Ownership	Return to Results

Figure 96 - Confirm Transfer of Medical Ownership

The case status changes to Pending Medical Transfer Ownership and an entry is made in the Request Status section on the Transfer Ownership link of the case.

#### NOTES



#### Cancelling Transfer Ownership

1. To rescind the transfer, click the blue **Cancel** button at the end of the entry under the Request Status section.

	Department of Health					Welcome Jennifer Pickles Regional Hospital	Image: Contract of Scranton     ✓
≡	Death Registration	Case ID: 37720191	Decedent Name: An	ianda Gherkin	Event Date: Fe	b-13-2024	
	Personal Information		Dendle e Tres efter Medi	al Quantum I a	tediael Decilies 1.5	and produce 1 Fred of	(Death Malta)
	Decedent	Case Status:	Pending Transfer Medic	al Ownership	Vedical Pending F	Personal Pending Fact O	r Death Valid
	<ul> <li>Place of Death</li> </ul>		Uncertified Pronound	ed Unsigned	Unregistered		
	Medical Information	Transfer Ownership					
	Pronouncement	Transfer Owner	ship*				
	<ul> <li>Cause of Death</li> </ul>	Madian Owner					
	Other Factors	Medical Owne	rsnip 🗸				
	<ul> <li>Certifier</li> </ul>	Facility Name*					
	Other Links			Q Look	up Facility		
	Relinquish Case	Comments*					
	Documentary Evidence						
	Case Messages						
	Drop To Paper						
	Print Forms						
	Refer to Coroner/ME			le l			
	Case Status History	Max Length al	lowed is 200 character	S			
	Request to Abandon/Void					Save	
	Comments					_	
	CDC Validation						
	Registration Validations	Request Status					
	Transfer Ownership						
	Medical Certification Request	Requested Status	From Facility	To Facility	User	Requestor Comments	Action
		Feb 26, 2024 Pending	Regional Hospital of Scranton	Hershey Medical Center	Pickles, Jennifer	Enter your reason for the transfer.	X Cancel

Figure 97 - Cancel Transfer Ownership

2. Enter your reason for cancellation in the Transfer Ownership Request Cancellation window, then click the **Save** button.

	-						Welcome	0 0 #
	Department of He	Transfer Ownershi	p Request Cancella	ion			nifer Pickles	Logout
							egional Hospital	of Scranton 🗸 🗸
=	Death Registration	Comment*	Enter the reaso	n for cancelling the transfe	r.			
	Personal Information	2					anding   Fast O	(Death Valid
	Decedent							
	Place of Death							
	Medical Information		Max Length allo	wed is 200 characters		2		
	Pronouncement		0		Can	cel Save		
	Cause of Death						-	
	Other Factors			_	_			
	Certifier		Facility Nam	*				
	Other Links				Q Look up	Facility		
	Relinquish Case		Comments*					
	Documentary Evidence							
	📀 Case Messages							
	Drop To Paper							
	Refer to Coroner/ME							
	Case Status History		Max Length	allowed is 200 characte	rs			
	Request to Abandon/Void						Save	
	Comments							
	CDC Validation							
	Registration Validations	Re	equest Status					
	Transfer Ownership							
		est R	ate equested Statu	s From Facility	To Facility	User	Requestor Comments	Action
		F	eb 26, 2024 Pend	ng Regional Hospital of Scranton	Hershey Medical Center	Pickles, Jennifer	Enter your reason for the transfer.	× Cancel
								<b>^</b>

Figure 98 - Enter Reason for Cancellation



The Request Status shows as cancelled and your facility retains medical ownership of the case.

Department of Health					1	Welcome ennifer Pickles Regional Hospital of Scra	C C Cogo
Death Registration	Case ID: 37720191	Decedent Nam	e: Amanda Ghe	rkin E	vent Date: Feb-13-20	24	
Personal Information							
Decedent	Case Status:	Medical Pending	Personal Pend	ling Fact Of	Death Valid Unce	rtified Pronounced Ur	nsigned
<ul> <li>Place of Death</li> </ul>		Unregistered					
Medical Information	Transfer Ownership						
Pronouncement	Transfer Owner	shin*					
Cause of Death		amb					
Other Factors	Medical Owne	rship					
Certifier	Facility Name*						
Other Links			Q	Look up Faci	lity		
Relinquish Case	Comments*						
Documentary Evidence							
Case Messages							
Drop To Paper							
Print Forms							
Refer to Coroner/ME							
Case Status History	Max Length a	lowed is 200 chara	acters				
Request to Abandon/Void					Save		
<ul> <li>Comments</li> </ul>							
CDC Validation							
Registration Validations	Request Status						
Transfer Ownership	0.44				Demoster		
Medical Certification Request	Requested Status	From Facility	To Facility	User	Comments	Cancel/Reject Comments	Action
	Feb 26, 2024 Cancelled	Regional Hospital of Scranton	Hershey Medical Center	Pickles, Jennifer	Enter your reason for the transfer.	Enter the reason for cancelling the transfer.	

Figure 99 - Cancellation Displays in Request Status List

NOTES



### Medical Certification Request

In the event you need to request a certifier from another facility to certify your death case, use the Medical Certification Request to assign a certifier. They receive a notification and the case falls into the other facility's *Medical Certification Request Death – Received* queue for them to pull the case.

After you send the case, the request sits in your facility's *Medical Certification Request Death* – *Sent* queue until the certifier from the other facility accepts the request. If they reject the case, the case returns to your facility and falls into the *Medical Certification Request Rejected* queue.

If you or any other certifiers at your facility receive Medical Certification Requests, they fall into your facility's *Medical Certification Request – Received* queue. You can locate the case there or search for the case to accept or reject.

Medical Certification Request Death - Received Medical Certification Request Death - Sent Medical Certification Request Rejected

Figure 100 - Medical Certification Request Queues

NOTES



#### Requesting a Medical Certification Request from Another Facility

1. Click the Medical Certification Request link under Other Links, then click the **Look up Facility** button to display the Look up Facility Home window.

Department of Health			\\/ Jen	elcome nifer Pickles	Ø ✿ ♠ Logout
Death Registration	Case ID: 37853696	Decedent Name: Amanda Gherki	n Event Date: May-	egional Hospital of Scranto	n ~
Personal Information					
Decedent	Case Status:	Medical Valid Personal Pending	Fact of Death Valid Cer		nea
<ul> <li>Place of Death</li> </ul>		Unregistered DE-Miscellaneous			
Medical Information	Medical Certification Req	uest			
Pronouncement	Facility Name*				
<ul> <li>Cause of Death</li> </ul>					
Other Factors		1 4 100	c up Facility		
Certifier					
Certify	Certifier				
Other Links	Q Look up Cer	tifier			
Relinquish Case					
<ul> <li>Documentary Evidence</li> </ul>	First Name	Middle N	ame		
Case Messages					
Drop To Paper					
Print Forms	Last Name	Suffix			
Refer to Coroner/ME		Select o	ne		
Case Status History					
Request to Abandon/Void					
Comments	Job Title				
CDC Validation	Select one	~			
Registration Validations					
Transfer Ownership			Save		
Medical Certification Request					

Figure 101 - Medical Certification Request - Look up Facility



2. Enter the name of the facility where you want to send the request, then click the blue **Search** button.

		Look up Facility Hor	me				elcome 🛛 🛛 🗢 🌴
	Department of H						ifer Pickles Logout
		Facility <b>2</b>	Hershey%		s	earch	gional Hospital of Scranton $$
Ξ	Death Registration	Name					3-2024
	Personal Information	Facility Name		Address	City		
		Hershey Medical Ce	enter	500 University Dr	Hershey	Select	fication Required Unsigned
	Place of Death						
	Medical Information			Cancel			_
	Pronouncement						
	<ul> <li>Cause of Death</li> </ul>		· · · · · · · · · · · · · · · · · · ·				
	Other Factors				Q Look up Fa	cility	
	Certifier						
	Certify		Certifier				
	Other Links		<b>Q</b> Look up Ce	rtifier			
	Relinquish Case						
	Ocumentary Evidence		First Name		Middle Name		
	📀 Case Messages						
	Drop To Paper						
	Print Forms		Last Name		Suffix		
	Refer to Coroner/ME				Select one		
	Case Status History						
	Request to Abandon/Void						
	Comments		Job Title				
	CDC Validation		Select one				
	Registration Validations						
	Transfer Ownership					Save	
	Medical Certification Requ	est					

Figure 102 - Look up Facility Name Search

3. Click the Select link to add the facility to your Medical Certification Request.

		Look up Facility Hor	ne				/elcome ·	00	ñ
	Department of He						nnifer Pickles	Logou	ıt
	V	Facility	%hershey medical %	6	Sea	arch	Regional Hospital of Scranton	~	
=	Death Registration	Name*							
	Personal Information	Facility Name		Address	City		_		
	Decedent	Hershey Medical Ce	enter	500 University Dr	Hershey <b>3</b>	Select	d Pronounced Unsigned		
	Place of Death								
	Medical Information			Cancel					
	Cause of Death					_			
	Other Factors				Q Look up Facility	r			
	Certifier								
	Other Links		Certifier						
			Q Look up Certi	ifier					
	Documentary Evidence		First Name		Middle Name				
	Case Messages								
			Last Name		Suffix				
	Case Status History				Select one				
	Request to Abandon/Void								
	Comments		Job Title						
			Calantana						
	Registration Validations		Select one						
	Transfer Ownership								
	Medical Certification Reque	SI				Save			

Figure 103 - Look up Facility, Select Name



4. Adding a Certifier is optional. If you want to add a Certifier, click the **Look up Certifier** button to open the Look up Certifier window.

Department of Health			We Jenni	loome fer Pickles	O 🌣 Log
			Regi	ional Hospital of Scr	ranton
Death Registration	Case ID: 37853696 Dec	edent Name: Amanda Gherkin	Event Date: May-03-	-2024	
Personal Information					
Decedent	Case Status: Medica	I Valid Personal Pending Fac	ct of Death Valid Certifi	cation Required	Jnsigned
<ul> <li>Place of Death</li> </ul>	Unregi	stered DE-Miscellaneous			
Medical Information	Medical Certification Request				
Pronouncement	Facility Name*				
<ul> <li>Cause of Death</li> </ul>					
Other Factors	Hersney Medical Cente		Facility 🥭 Clear		
Certifier					
Certify	Certifier				
Other Links	Q Look up Certifier				
Relinquish Case	-				
<ul> <li>Documentary Evidence</li> </ul>	First Name	Middle Name			
Case Messages					
Drop To Paper					
Print Forms	Last Name	Suffix			
Refer to Coroner/ME		Select one	~		
Case Status History					
Request to Abandon/Void					
Comments	Job Title				
CDC Validation	Select one	~			
Registration Validations					
Transfer Ownership			Save		
Medical Certification Request					

Figure 104 - Look up Certifier button



- 5. Enter the last name of the Certifier you want to assign, then click the **Search** button.
- 6. Click the Select link to assign the Certifier to the Medical Certification Request.

		Look up Certifier						0\$*
	Depa							Logout
		Last Name 5	Maloney	First Na	ame		5 Search	of Scranton 🗸 🗸
=	Death Regist	User News		<b>C.</b>		Tiala		
	Personal Info	User Name		Sum		The		_
		Monique Maloney				MD	<b>b</b> Select	ed Unsigned
	Place of D							
	Madlastinda			Car	icel			
	Medical Infor							
	Pronounce	ion.	Faci	ity Name*			_	
	Cause of De		He	rshey Medical Center		Q Look up	Facility 🥭 Clear	
	Other Factor							
	Certifier		Cert	ifior				
	Other Links		Q	Look up Certiner				
		ase	Flore			a di dalla a tama a		
	Documentar	ry Evidence	First	Name		Middle Name		
	📀 Case Messa							
	Drop To Pap	er						
	Print Forms		Last	Name		Suffix		
	Refer to Cor	oner/ME				Select one		
	Case Status							
	Request to /	Abandon/Void	loh	Title				
	Comments							
				ectone				
	Registration							
	Madiad Or	tification Dequast					Save	
		uncation Request						

Figure 105 - Certifier Name Search

7. Click the **Save** button to complete the request.

	- 3				Welcome	004
	Department of Health				Jennifer Pickles	Logout
					Regional Hospital o	f Scranton 🗸 🗸
≡	Death Registration	Case ID: 37853696	Decedent Name: An	nanda Gherkin <b>Ev</b>	vent Date: May-03-2024	
	Personal Information	Creat Chatran	Medical Valid Deres	nal Danding   Fast Of Da	ath Valid Contification Desuise	d Unsigned
	<ul> <li>Decedent</li> </ul>	Case Status:	Uprogistored DE Mis	nal Pending Fact of Dea	autivalid Certification Required	Unsigned
	<ul> <li>Place of Death</li> </ul>		Offregistered DE-Mis	cellalleous		
	Medical Information	Medical Certification Req	uest			
	Pronouncement	Eacility Name*				
	Cause of Death					
	Other Factors	Hersney Medic	al Center	Q Look up Facility	Clear	
	Certifier					
	Certify	Certifier				
	Other Links	Q Look up Cer	rtifier 🥭 Clear			
	Relinquish Case					
	<ul> <li>Documentary Evidence</li> </ul>	First Name		Middle Name		
	Case Messages	Monique				
	Drop To Paper					
	Print Forms	Last Name		Suffix		
	Refer to Coroner/ME	Maloney		Select one	~	
	Case Status History					
	Request to Abandon/Void					
	Comments	Job Title				
	CDC Validation	MD	~			
	Registration Validations					
	Transfer Ownership			7	Save	
	Medical Certification Request					

Figure 106 - Save Certifier Name



The case status displays *Medical Certification Requested,* and the request displays at the bottom of the page.

	Department of Health Welcome C     Peach Registration   Case ID: 37853696 Decedent Name: Amanda Oherkin Event Date: May-03-2024      rescond Information   Decedent Place of Death Edical Information Decedent Pronouncement Case of Death Defer Factors Certifier Tacifier Octoner/ME Case Massages Drop To Paper Print Forms Refer to Coroner/ME Case Massages Drop To Paper Print Forms Refer to Coroner/ME Case Massages Drop To Paper Print Forms Refer to Coroner/ME Case Massages Drop To Paper Print Forms Refer to Coroner/ME Case Massages Drop To Paper Print Forms Refer to Coroner/ME Case Massages Drop To Paper Print Forms Reguest to Abendon/Void Coroner/ME Case Massage Case Massage Coroner/ME Case Massage Case M	• •							
	Department of Health					Jennife	r Pickles		Logou
						Regio	nal Hospital c	of Scranton	~
≡	Death Registration	Case ID: 37853696	Decedent Name: Amanda Gh	erkin Event Date:	May-03-2024				
	Personal Information			-					
	Decedent	Case Status:	Medical Certification Requested	Medical Pending Pe	rsonal Pending Fa	act Of Death Valid	Uncertifie	d Unsigned	t
	Place of Death		Unregistered						
	Medical Information	Medical Certification Reg	juest						
	Pronouncement	Eacility Name							
	Cause of Death	r aciity wante							
	Other Factors			Q Look up Facilit	У				
	<ul> <li>Certifier</li> </ul>								
	Other Links	Certifier							
	Relinquish Case	C LOOK UP C	Certifier						
	Documentary Evidence								
	<ul> <li>Case Messages</li> </ul>	First Name		Middle Name					
	Drop To Paper								
	Print Forms								
	Refer to Coroner/ME	Last Name		Suffix					
	Case Status History			Select one		~			
	Request to Abandon/Void								
	Comments								
	CDC Validation	Job Title							
	Registration Validations	Select one	~						
	Transfer Ownership								
	Medical Certification Request					Save			
					_				
		Request Status							
		Date Requested Status	From Facility	To Facility	Certifier Name	User	Comment	Action	
		May 16, 2024 Pendin	g Regional Hospital of Scranton	Hershey Medical Center	Maloney, Monique	Pickles, Jennifer		X Cance	

Figure 107 - Case Status and Request Status Change

The case displays in the Medical Certification Request – Sent queue and also displays in the Medical Certification Request – Received queue of the Certifier you assigned.

			Welcome	004
2 C	Department of Health		Jennifer Pickles	Logout
<u> </u>			Regional Hospital of Scr	anton 🗸
=	in 1 link			
Quei	Je List			
Amen	Iments			+
Death				-
	Abandon/Void Request Rejected-Death	0		
	Certification Required Death	1	6 days 23 hours old	
	Death New Event	7	53 days 13 hours old	
	Death Registration Suspended - Medical	0		
	Duplicate- Exact	0		
	Duplicate-Potential	0		
	Ext Req To Abandon Death	1	53 days 13 hours old	
	Ext Req To Void Death	0		
	LR Affirmation Rejected - Medical	0		
	ME Referral Review Rejected Death	0		
	Medical Certification Request Death - Received	0	2 days 12 hours ald	
	Medical Certification Request Death - Sent	4	2 days 13 hours old	
	Medical Certification Request Rejected	0	F2 days 12 hours old	
	Rending Fact of Death	12	53 days 13 hours old	
	Pending Medical Certification Death	4	53 days 13 hours old	
	Pending Transfer Medical Ownershin - Pereived	4	55 days 15 floors old	
	Pending Transfer Medical Ownership - Kecelved	0		
	Pronouncement Required Death	2	13 days 20 bours old	
	Transfer Medical Ownershin Rejected	0	15 days 20 hours old	

Figure 108 - Medical Certification Request Death - Sent Queue



#### Cancelling the Medical Certification Request

1. To cancel the request, click the blue **Cancel** button at the end of the entry under the Request Status section in the Medical Certification Request.

							Wel	come	0	•
	Department of Health						Jennif	er Pickles		Log
	¥						Regio	onal Hospital	of Scranton	
=	Death Registration	Case ID: 37853696		Decedent Name: Amanda Ghe	erkin Event Da	te: May-03-2024				
	Personal Information									
	Decedent	Case State	us:	Medical Certification Requested	Medical Pending	Personal Pending	Fact Of Death Valid	d Uncertifie	ed Unsigned	ł
	Place of Death			Unregistered						
	Place of Death		_							_
	Medical Information	Medical Certification	Requ	est						
	Pronouncement	Facility Na	me*							
	Cause of Death					sility				
	Other Factors				Cook up Par	, and y				
	Certifier									
	Other Links	Certifier								
	Relinquish Case	Q Look	up Ce	rtifier						
	Documentary Evidence									
	Case Messares	First Name	•		Middle Name					
	Drop To Paper									
	Print Forms									
	Refer to Coroner/ME	Last Name			Suffix					
	Case Status History									
	Request to Abandon/Void				Select one					
	Comments									
	CDC Validation	Job Title								
	Registration Validations	Select on	ie	~						
	Transfer Ownership									
ľ	Medical Certification Request						Save			
		Request Status								
		Date Requested	atue	From Facility	To Escility	Certifier Name	llear	Comment	Action	
		Date Requested Sta		rom racinty	io raciiity	Seruner waffe	0361	comment	Action	
		May 16, 2024 Pe	nding	Regional Hospital of Scranton	Hershey Medical Cent	er Maloney, Monique	Pickles, Jennifer	1	× Cancel	
										-

Figure 109 - Cancelling a Medical Certification Request



2. Enter your reason for cancellation in the Medical Certification Request Cancellation window, then click the **Save** button.

• Decedent		Uncertified Pronounce	d Unsigned Unregist	tered		
Place of Death     Me	dical Certification Request Cancell	ation				
Medical Information						
Pronouncement	Comment* Enter reason fo	or your cancellation.				
Cause of Death		,				
Other Factors	2					
Certifier						
Other Links						
Relinquish Case			4	2		
Documentary Evidence	Max Length all	owed is 200 characters		<u> </u>		
Case Messages			Cancel	Save		
Drop To Paper						
Print Forms						
Refer to Coroner/ME	Last Name		Suffix			
Case Status History			Selectione			
Request to Abandon/Void			Selectone			
Comments						
	Job Title					
Registration Validations	Select one					
Transfer Ownership						
Medical Certification Request				Save		
					-	
	Request Status					
	Date			Certifier	Action	
	Requested Sta	tus From Facility	To Facility	Name	User	
	Feb 27, 2024 Per	iding Regional Hospital of Scranton	Hershey Medical Center	Popal, Fazil	Pickles, Jennifer	ancel

Figure 110 - Enter Reason for Cancellation

The request status shows as cancelled and no longer displays in any queues.



Department of Health       Jennifer Pickles         Regional Hospital       Regional Hospital         Personal Information       Case ID: 37853696       Decedent Name: Amanda Gherkin       Event Date: May-03-2024         Personal Information       Case Status:       Medical Certification Requested       Medical Pending       Personal Pending       Fact Of Death Valid       Uncertifier         Pronouncement       Pronouncement       Medical Certification Request       Medical Certification Request       Facility Name*       Cook up Facility       Certifier         Other Factors       Certifier       Q Look up Facility       Certifier       Facility Name*       Medical certification       Facility Name*	00
Death Registration       Case ID: 37853696       Decedent Name: Amanda Gherkin       Event Date: May-03-2024         Personal Information       Ocase Status:       Medical Certification Requested       Medical Pending       Personal Pending       Fact of Death Valid       Uncertified         Place of Death       Medical Certification Request       Medical Lertification Request       Medical Lertification Request       Medical Certification Request       Medical Lertification Request	Logou
Death Registration       Case ID: 37853696       Decedent Name: Amanda Gherkin       Event Date: May-03-2024         Personal Information       Case Status:       Medical Certification Requested       Medical Pending       Personal Pending       Fact Of Death Valid       Uncertifice         Place of Death       Medical Information       Medical Certification Requested       Medical Pending       Personal Pending       Fact Of Death Valid       Uncertifice         Pronouncement       Cause of Death       Medical Certification Request       Medical Certification Request       Medical Certifice       <	of Scranton 🗸 🗸 🗸
Personal Information       Case Status: Medical Certification Requested Medical Pending Personal Pending Fact Of Death Valid Uncertified Unregistered         Medical Information       Medical Certification Request         Pronouncement       Pronouncement         Cause of Death       Medical Certification Request         Other Factors       Q Look up Facility         Certifier       Certifier         Documentary Evidence       First Name         Case Messages       Middle Name	
Case Status: Medical Certification Requested Medical Pending Personal Pending Fact of Death Valid Uncertifie     Place of Death     Medical Information     Pronouncement     Cause of Death     Other Factors     Certifier     Other Links     Relinquish Case     Documentary Evidence     Case Messages	
Place of Death   Medical Information   Pronouncement   Cause of Death   Other Factors   Other Links   Relinquish Case   Documentary Evidence   Case Messages	d Unsigned
Medical Information       Medical Certification Request <ul> <li>Pronouncement</li> <li>Cause of Death</li> <li>Other Factors</li> <li>Certifier</li> </ul> Other Links         Certifier           Relinquish Case         Q Look up Certifier           Documentary Evidence         First Name           Case Messages         Middle Name           Other Sages         Middle Name	
Cause of Death     Other Factors     Certifier     Other Links     Relinquish Case     Documentary Evidence     Case Messages     First Name     Middle Name	
Other Factors     Other Links     Relinquish Case     Documentary Evidence     Case Messages     Middle Name     Middle Name	
Certifier      Other Links      Relinquish Case      Documentary Evidence      Case Messages      First Name      Middle Name	
Other Links     Certifier       Relinquish Case     Q. Look up Certifier       Documentary Evidence     First Name       Case Messages     Middle Name	
Relinquish Case     Q. Look up Certifier       Documentary Evidence     First Name       Middle Name	
Relinquish Case       Documentary Evidence       Case Messages   First Name Middle Name	
Case Messages First Name Middle Name	
Case Messages	
Drop To Dopor	
Dipit Forme	
Print Domas	
Case Statile History	
Request to Abandon/Void	
CDC Validation Job Title	
Registration Validations Select one	
Transfer Ownership	
Medical Certification Request Save	
Request Status	
Date Benuested Status From Earlility To Earlility Certifier Name Liser Comment	
	Action
May 16, 2024 Cancelled Regional Hospital of Scranton Hershey Medical Center Maloney, Monique Pickles, Jennifer Cancelling	Action

Figure 111 - Cancellation Displays in Request Status List



### 3. External-Death MF Pronouncer

Pronouncing a case in Pennsylvania is optional. If you have the External-Death MF Pronouncer job role, you are able to do all of the tasks the External-Death MF User can do plus pronounce a case. The Pronouncer job role may be assigned to healthcare professionals such as...

#### Pronounce

If another MF User entered your information in the Pronouncer section of the Pronouncement tab, you need to log in into eVitals, navigate to the Pronouncement page, and pronounce the case.

	Department of Health					Welcome Jennifer Pickles	😧 🌣 1 Logou
=	Death Registration					Regional Hospital of Scr	anton 🗸
						Return to Result	ults >
	Personal Information						
	<ul> <li>Decedent</li> </ul>	Case ID: 37720191	Decedent Name	: Amanda Gherkin	Event Date: Feb-13-20	124	
	<ul> <li>Place of Death</li> </ul>	Death Place: Regional	Hospital of Scranton				
	Medical Information	beaur race. Regionar	nospitar of octanton				
	Pronouncement	Case Status:	Medical Valid Pe	rsonal Pending Fact	Of Death Valid Certified	d Pronounced Unsigned	
	<ul> <li>Cause of Death</li> </ul>		Unregistered				
	Other Factors						
	Certifier	Pronouncement					
	Other Links						
	Relinguish Case	Date and Time of D	eath				
	Documentary Evidence	Date of Death Modifier			Date of Death		
	Case Messages	Actual Date of Death		~	Feb-13-2024		<u> </u>
	Drop To Paper	Time of Death Modifier		Time of Death		Time Format	
	Print Forms	Actual Time of Death		00:45		Military	
	Refer to Coroner/ME	Actual Time of Death	· · ·	00.40		wintery	
	Case Status History						
	Request to Abandon/Void	Pronouncer					
	Comments	Date Pronounced Dead					
	CDC Validation	Feb-13-2024		e 1			
	Registration Validations	100102021					
	Transfer Ownership	Pronouncer Name					
	Medical Certification Request	License Number					
					O Laskilla Davrage		
		MD123654			C LOOK OP Pronound	Jer Zer Clear	
		First		Middle		Last	
		Karen				Marshall	
		Suffix			Title		
		Select one		~	MD		~
		Pronouncer Date Signed					
		Esh 15 2024					
		Feb-15-2024					

Figure 112 - Pronounce page



#### Pronouncing a Case

- 1. As the pronouncer, log into eVitals and locate the case.
- 2. Navigate to the Pronounce tab in the Navigation panel.
- 3. Select the checkbox to affirm the case.

	Department of Health	Welcome Karen Marshall	😮 🌣 🌴 Logout
	ý l	Regional Hospital	of Scranton 🗸 🗸
≡	Death Registration	Case ID: 37720191 Decedent Name: Amanda Gherkin Event Date: Feb-13-2024	
	Personal Information		
	Decedent	Case Status: Medical Pending   Personal Pending   Fact Of Death Valid   Pronouncement Required   Uncertified	ed Unsigned
	Place of Death	Unregistered	
	Medical Information	Pronounce Case	
	Pronouncement		
	<ul> <li>Cause of Death</li> </ul>	To the best of my knowledge, death accurred at the time, date, and place as stated	
	<ul> <li>Other Factors</li> </ul>	to the best of my knowledge, death occurred at the time, date, and place as stated.	
	<ul> <li>Certifier</li> </ul>	3 Attim	
2	Pronounce		
·	Other Links	Affirm	
	Relinquish Case	4	
	Documentary Evidence		

Figure 113 - Assigned Pronouncer Affirming the Case

4. Click the Affirm button to pronounce the case.

The case status changes from Pronouncement Required to Pronounced and a green dot with a checkmark displays next to the tab in the Navigation panel.



Figure 114 - Pronounced Case Status and Tab

Unaffirming a Case Add



## 4. External-Death MF Certifier

A death certificate is issued by a licensed medical professional authorized to certify deaths in Pennsylvania. These medical professionals hold titles such as MD, DO, CRNP, PA-C, or DDS/DMD. Medical Certifiers only certify natural deaths. Medical Examiners and Coroners certify other types of deaths. Certifiers can do everything a Pronouncer and MF User can do plus certify/uncertify a case and affirm amendments.

### Certify/Uncertify the Case

Once the tabs under Personal Information and Medical Information have green dots, the case is ready to certify. Log into eVitals and you can certify the case yourself.

### **Reassigning a Certifier**

If you need to reassign to another certifier within your facility, assign a new certifier on the Certify tab. They will then need to log in to certify the case. (Working on making reassignment within facility a feature.)

### Certifying the Case

- 1. As the Certifier assigned to the case, navigate to the Certify tab in the Navigation panel.
- 2. Select the Affirm checkbox, then click the **Affirm** button.



Figure 115 - Certify Case page



The Certify tab displays a green dot with a white checkmark to indicate the case is certified. The Affirm checkbox is disabled and the case status displays Certified.

Department of Health				Welcome Jennifer Pickles Regional Hospital of Sc
Death Registration	Case ID: 37720191	Decedent Name: Amanda Gł	erkin Event Date: Feb-13-20	24
Personal Information				-
Decedent	Case Status:	Medical Valid Personal Pendi	ng Fact Of Death Valid Certified	Pronounced Unsigned
Place of Death		Unregistered		
Medical Information	Certify Case			
Pronouncement				
Cause of Death	To the best of my kn	owledge, death occurred du	to the cause(s) and manner	stated
Other Factors	To the best of my kn	owiedge, death occurred du	e to the cause(s) and manners	stated.
Certifier	Affirm			
Pronounce				
⊘ Certify				
Other Links				Unaffirm
Relinquish Case				
Documentary Evidence				

Figure 116 - Disabled Affirm Checkbox

#### Uncertifying the Case

1. If you need to uncertify a case, navigate to the Certify page of the case you need to uncertify, then click the **Unaffirm** button.

Department of Health	Welcome • • Jennifer Pickles Loo
-	Regional Hospital of Scranton
Death Registration	Case ID: 37720191 Decedent Name: Amanda Gherkin Event Date: Feb-13-2024
Personal Information	
Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certified Pronounced Unsigned
Place of Death	Unregistered
Medical Information	Certify Case
Pronouncement	
Cause of Death	To the best of my knowledge, depth occurred due to the source(c) and manner stated
Other Factors	to the best of my knowledge, death occurred due to the cause(s) and manner stated.
Certifier	Z Affirm
Pronounce	
⊘ Certify	
Other Links	
Relinquish Case	
Documentary Evidence	

Figure 117 - Unaffirm Case

2. Click the **OK** button on the pop-up window that displays to confirm you want to Unaffirm the case.

Department of Health	Are you sure you want to Unaffirm the case?
Death Registration	Cancel OK Pegional Hospital of Scranton V
Personal Information	
Decedent	Case Status: Medical Valid Personal Pending Fact Of Death Valid Certified Pronounced Unsigned
Place of Death	
Medical Information	Certify Case
Pronouncement	
Cause of Death	To the best of my knowledge, death occurred due to the source(s) and manner stated
Other Factors	to the best of my knowledge, death occurred due to the cause(s) and manner stated.
Certifier	🖉 Affirm
Pronounce	
⊘ Certify	
Other Links	Unaffirm
Relinquish Case	

Figure 118 - Confirm Unaffirm Case



The case returns to an unaffirmed status. The green dot with the white check mark disappears from the Certify tab in the navigation panel and a case message is entered to indicate the case was unaffirmed.



Figure 119 - Case Returned to Unaffirmed Status

#### NOTES



### 5. Amendments

Any Medical Facility user can create an amendment however, only Medical Certifiers can affirm and submit amendments. You will only be able to see amendments created by your facility in the amendments tab on your dashboard and in your amendment queues.

### To create an Amendment

- 1. Click the Amendment History link.
- 2. Click the Create Amendment button.
- 3. The only available Amendment Type from the drop-down list is Personal.
- 4. Click the **Save Amendment** button.

After saving your amendment, the Amendment Summary page displays. The changes you make on the Personal Information tab display in the Delta Report. The **Undo** buttons revert your changes. If you would like to cancel your amendment, select Cancel from the Action drop-down list and enter a reason for the cancellation.

- 5. When you finish making the changes to your amendment, click the **Save** button.
- 6. Next, click the Amendment Affirmation to display the Affirm Amendment page.
- 7. Select the checkbox to affirm the amendment, then click the **Affirm Now** button.



### To Ordering Amended Death Certificates

If the Death Registry Unit approves your amendment, you can order an amended death certificate through the Amendment Place Order tab.

This section will be updated at a future date.

### To Resolve a Rejected Amendment

This section will be updated at a future date.



### 6. Duplicate Cases

Duplicate cases may occur when you create a case or when you save your existing case. There are three types of duplicate cases:

- Potential Duplicate
- Exact Duplicate
- Centralized Duplicate

When a duplicate case occurs at case creation, you have the ability to resolve it at that time. When a duplicate case status occurs after you save your case, the case status reflects the duplicate status, and the case falls into its respective duplicate case status queue. These cases cannot be registered until the case status is resolved.

### Duplicate Cases – Case Creation

When you create a case, eVitals searches in the background for existing cases that contain information that matches your search criteria. If eVitals finds cases with the same information, it displays one of two messages:

- Exact Duplicate Found A case was located that matched the criteria you entered into eVitals. A new case cannot be created. You must either review and select one of the cases that appear in the results, or you must contact the Death Registry Unit to resolve the issue. Review each potential match to determine if it is the new case you are trying to start. If not, you can then create a new case.
- **Potential Duplicate Found** A case was located that contains similar information as the criteria you entered to start a new case. Review each potential match to determine if it is the new case you are trying to start. If not, you can then create a new case.

**Potential Duplicate found.** Review any existing cases to ensure that the record is not already in the system. If an existing case is a match, please select this case to take ownership. If there is not a match after previewing and dismissing all potential duplicates, please click Create New Case.

Figure 120 – Potential Duplicate Result Message

**Exact Duplicate Found.** A case matching the criteria has already been found in the system. Creation of new case is not allowed in this instance. Please contact the DOH Death Registry Unit if you feel this is an error.

Figure 121 - Exact Duplicate Result Message



### Potential Duplicate Case Match at Case Creation

When you create a case and enter similar information to an existing case, eVitals displays a message that your case is a potentials duplicate match. You must resolve this message before you can continue.

Department of Health				Jennifer Pickles
				Regional Hospital of Sc
Start New Death Case				
First Name*		Middle Name		
Danyelle				
Last Name		Suffix		
Pickles		Select one		
Date of Death*	Sex*		Gender Designation (if different than Sex	x)
Mar-29-2024	Female	ж 🗸	Select one	
Search Result		_	Clear	Search O Creat
Search Result	Potential Duplicate found. Review any existing c system. If an existing case is a match, please select	ases to ensure that the record is not already t this case to take ownership. If there is not a	clear rin the a match after	Search Creat
Search Result	Potential Duplicate found. Review any existing c system. If an existing case is a match, please select previewing and dismissing all potential duplicates,	ases to ensure that the record is not already t this case to take ownership. If there is not a please click Create New Case.	rin the a match after	Search Creat
Search Result	Potential Duplicate found. Review any existing c system. If an existing case is a match, please selec previewing and dismissing all potential duplicates,	ases to ensure that the record is not already t this case to take ownership. If there is not a please click Create New Case.	rin the a match after	Search Creat
Search Result Show 20 ~ entries Case D A Decedent's Name	Potential Duplicate found. Review any existing consystem. If an existing case is a match, please select previewing and dismissing all potential duplicates, previewing and dismissing all potential duplicates.         Date of Death       Sex       Place of Death	ases to ensure that the record is not already t this case to take ownership. If there is not a please click Create New Case. Date of Birth Medical Owner	tin the a match after Personal Owner	Search Creat
Show 20 v entries Case ID Decedent's Name 37721072 Puckles, Betty	Potential Duplicate found. Review any existing consystem. If an existing case is a match, please select previewing and dismissing all potential duplicates, preview and dismissing all potential duplicates, previewing and dismissing all potentis duplicates, previewing and duplicates, previewing and duplicate	ases to ensure that the record is not already this case to take ownership. If there is not a please click Create New Case. Date of Birth Medical Owner Regional Hospital of Scram	tin the a match after Personal Owner nton	Search Creat Filter: Status Urregistered
Search Result Show 20 v entries Case ID Decedent's Name 37721072 Pickles, Betty Showing 1 to 1 of 1 entries	Potential Duplicate found. Review any existing c. system. If an existing case is a match, please select previewing and dismissing all potential duplicates,           Date of Death         Sex         Place of Death         Mar 29, 2024	ases to ensure that the record is not already this case to take ownership. If there is not a please click Create New Case. Date of Birth Medical Owner Regional Hospital of Scram	tin the a match after Personal Owner tton	Filter: Status Unregistered Previous 1

Figure 122 - Potential Duplicate Match Message Case Creation

#### NOTES



#### Resolving a Potential Duplicate Case Match at Case Creation

 In the Search Results section, click the **Preview** button of the matching case. Notice the **Create New Case** button is disabled. It will be disabled until all cases are reviewed.



Figure 123 - Potential Duplicate Case Results

2. Review the case information in the pop-up window. If the case is what you need, click the **Select this Case** button, otherwise click the **Dismiss this case and Return to List** button.

Case Status: Medical Pen	ting   Personal Pending	Fact Of Death Pending	Uncertified	Unsigned	Unrepistered	(x)
Case Status. Medical Pen	ang reisonal renung	race of beautivenoing	unceranea	Unaigneu	Unregistereu	
Case ID 37721072		Date of Death Mar	29, 2024			- 1
Decedents Name Delty Pickies		Place of Death				- 8
sex Female		City or Town of Deat	h			
Gender Designation (If different than Se	x)	Medical Record Nun	nber			
Date of Birth		ME Case Number				- 1
Mother/Parent's Name Prior to First Ma	riage	Medical Certifier				- 5
Marital Status						- 1
Spouse's Name						- 1
Decedent's Residence						
Funeral Director						
Funeral Home						- 1
Date Entered Apr 01, 2024						- 1
Last Undated by Pickles, Jennifer						- 1
	_					- 1
	2		2			- 1
	Close	✓ Select this Case	Dismiss ti	his Case and	Return to List	- 1

Figure 124 - Potential Duplicate Case Preview



3. You must repeat this process if there are multiple cases in the list. When all cases are reviewed, click the **Create New Case** button to continue.

First Name*		Middle Name			
melyssa					
Last Name		Suffix			
dill		Select one			
Date of Death*	Sex*		Gender Designation (if differe	nt than Sex)	
Apr-01-2024	Female	* ~	Select one		
				2	
				5	
			Clear Search	🕀 Create Ne	
Search Result					
Search Result	_				
Search Result	Potential Duplicate found. Revie	ew any existing cases to ensure	that		
Search Result	Potential Duplicate found. Revi the record is not already in the sy	ew any existing cases to ensure stem. If an existing case is a ma	that tch,		
Search Result	Potential Duplicate found. Revie the record is not already in the sy please select this case to take own	ew any existing cases to ensure stem. If an existing case is a ma nership. If there is not a match a	that tch, after		
Search Result	Potential Duplicate found. Revie the record is not already in the sy please select this case to take own previewing and dismissing all pot	ew any existing cases to ensure stem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, after eate		
Search Result	Potential Duplicate found. Revie the record is not already in the sy please select this case to take ow previewing and dismissing all pote New Case.	ew any existing cases to ensure stem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, after eate		
Search Result	Potential Duplicate found. Revit the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.	ew any existing cases to ensure istem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, after eate		
Search Result	<b>Potential Duplicate found.</b> Revit the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.	ew any existing cases to ensure istem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, after eate		
Show 20 v entries	<b>Potential Duplicate found.</b> Revit the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.	ew any existing cases to ensure istem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, after eate Filter:		
Search Result	Potential Duplicate found. Revit the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.	ew any existing cases to ensure istem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr	that tch, fater eate Filter:		
Search Result Show 20 • entries Case Decedent's Name	Potential Duplicate found. Reviet the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.         Date of Place of Death Sex       Place of Death Dea	ew any existing cases to ensure stem. If an existing case is a math nership. If there is not a math ential duplicates, please click Cr ential duplicates, please click Cr Bith Medical Owner	that tch, after eate Filter.	tatus $\hat{\phi}$	
Show 20 • entries Case Decedent's 1D DII, Mellssa A	Potential Duplicate found. Reviet the record is not already in the sy please select this case to take own previewing and dismissing all pote New Case.       Date of Death     Place of Sex     Place of Death       Aprol 1, 2024     Female	ew any existing cases to ensure stem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click Cr Date of Birth M Medical Owner Regional Hospital of Scratton	that tch, after eate Personal Owner \$ s	itatus 🔶 registered Q Prov	
Search Result Show 20  entries Case Decedent's Arr21049 Dill, Melissa Showing 1 to 1 of 1 entries	Potential Duplicate found. Reviet the record is not already in the sy please select this case to take own previewing and dismissing all potential New Case.       Date of Death     Place of Beath       Date of Death     Place of Death	ew any existing cases to ensure stem. If an existing case is a ma nership. If there is not a match a ential duplicates, please click or Date of Medical Owner Regional Hospital of Scranton	that tch, after eate Personal Owner Unv	tatus <sup>⊕</sup> registered Q Prev Previous 1 N	

Figure 125 - Potential Duplicate Create New Case button

4. After making the changes to your case, the case status of Potential Duplicate displays. Your case cannot be signed until you resolve the duplicate issue. The case now sits in the Duplicate-Potential queue, waiting to be resolved.

You can click the **Return to Queue** button at the top or bottom of your case to view the case in the Duplicate-Potential queue or continue with creating your case.

				Welcome 🛛	) (
Department of H	fealth			Jennifer Pickles	Lo
y				Regional Hospital of Scranton	
Death Registration				4	
	-		<	Return to Queue Save	E
Personal Information			_		
O Decedent	Case ID: 37721081 De	cedent Name: melyssa dill Event Date: Apr-01-2024			
Place of Death					
Medical Information	Case Status: Medir	al Pending Personal Pending Fact Of Death Pending U	ncertified Unsigned Unregistered P	otential Duplicate	
Pronouncement	_				
Cause of Death	Decedent		i .	i .	
Other Factors	_				
Certifier	Decedent Name				
Other Links	First	Middle			
Outer Links	melvssa				
Relinquish Case		Cudles.			
Documentary Evidence	LdSt	Sullix			
Case Messages	dill	Select one	~		
Duplicate Resolution					
Drop To Paper	Sex	Gender Designation (if different t	han Sex)		
Print Forms	Female	× v Select one	~		
Refer to Coroner/ME					
Case Status History	Date of Birth				
Request to Abandon/Void	Month	Dav	Varr		
Comments	Month	Day	Year		
CDC Validation	Select one	<ul> <li>Select one</li> </ul>	×		

Figure 126 - Potential Duplicate Case Status



5. Select your case from the queue.

	,	Department o	of Health				Welcome Jennifer Pickles	0 ✿ ♠ Logout
							Regional Hospital of Scran	ton 🗸
=	D	uplicate-Potential Show 25 v entrie	25				Search:	
		Case ID	<ul> <li>Decedent's Legal Name</li> </ul>	Date of Death	🔷 Sex	Status Date		
		37720870	gherkin, tina	Feb 13, 2024	Female	Mar 22, 2024		
		37721071	Pickles, Gerri	Apr 01, 2024	Female	Apr 01, 2024		
	5	37721081	dill, melyssa	Apr 01, 2024	Female	Apr 02, 2024		
		Showing 1 to 3 of 3 ent	ries				Previous 1	Next
								Back

Figure 127 - Duplicate-Potential Queue

6. The Duplicate Resolution page displays with the potential duplicate cases in the center of the page. Click the **Compare** button to display the similar information between the cases.

			Welcome	004
	Department of Health		Jennifer Pickles	Logout
			Regional Hospital of Sc	aranton 🗸
≡	Death Registration	Case ID: 37721081 Decedent Name: melyssa dill Event Date: Apr-01-2024		
	Personal Information			
	Decedent	Case Status: Medical Pending Personal Pending Fact Of Death Pending Uncertified Unsigned Unregistered Per	otential Duplicate	
	Place of Death	Publicate Deschution for Cases 27731081		
	Medical Information			
	Pronouncement	Show 10 v entries	Filter:	
	Cause of Death	Case ID 🍐 Decedent's Name 🝵 Sex 🖨 Date of Death 🖨 Medical Record Number 🖨 Place Of Death 🖨	Case Status 6	
	Other Factors	27701040 - Dil Malius - 401 0004	Materia Sector	
	Certifier	37721049 Dill Melissa Aprol, 2024	Personal Pending	Compare
	Other Links		Fact Of Death Pending Uncertified	
	Relinquish Case		Unregistered	
	Documentary Evidence			
	Case Messages	Showing 1 to 1 of 1 entries	Previous	Next
	Duplicate Resolution			
	Drop To Paper	Compare Potential Duplicates		
	Print Forms	Current Case Potential Duplicate Case		
	Refer to Coroner/ME	Case ID 37721081		
	Case Status History	Decedent's Name		
	Request to Abandon/Void			
	Comments	First Name melyssa		
	CDC Validation	Middle Name		
	Registration Validations	Last Name Uni		
	Transfer Ownership	Date of Death Apr 01, 2024		
	Medical Certification Request	Sex Female		
		Place Of Death/County Of Death		
		Medical Record Number		
		Request to Abandon Current Case		
			Override Dupli	cate Status

Figure 128 - Duplicate Resolution page



7. Review the highlighted information. If one of the cases can be abandoned, click the appropriate **Request to Abandon Current Case** button for the respective case. If both cases are unique and need to be kept, click the **Override Duplicate Status** button at the bottom and the Potential Duplicate case status is removed from both cases.

If more than one case displays in the center of the page, you must repeat this process for each case in order to resolve the Potential Duplicate case status issue.

	Department of Legith			Welcome	004
	Department of Health			Jennifer Pickles	Logout
				Regional Hospital of Scra	nton 🗸
≡	Death Registration	Case ID: 37721081 Decedent Name: melyssa dill Event Date: Apr-01-	2024		
	Personal Information				
	Decedent	Case Status: Medical Pending Personal Pending Fact Of Death Pendi	ng Uncertified Unsigned Unregistered	Potential Duplicate	
	Place of Death				
	Medical Information	Duplicate Resolution for Case: 37721081			
	Dressurgespeet	Show 10 v entries		Filter:	
	Cause of Death	Case ID A Decedent's Name Say Date of Death Medical Record	d Number Place Of Death	Case Status	
	Other Factors				
	Certifier	37721049 Dill Melissa Apr 01, 2024		Medical Pending Q Cor Personal Pending	mpare
	Other Links			Fact Of Death Pending Uncertified	
	Relinquish Case			Unregistered	
	Documentary Evidence				
	Case Messages	Showing 1 to 1 of 1 entries		Previous 1	Next
	Duplicate Resolution	Company Detected Duplication			
	Drop To Paper	Compare Potential Duplicates			
	Print Forms	Current Case	Potential Duplicate Case		
	Refer to Coroner/ME	Case ID 37721081	Case ID 37721049		
	Case Status History	Decedent's Name	Decedent's Name		
	Request to Abandon/Void	First Name malusca	First Name Malissa		
	Comments	Middle Name	Middle Name		
	CDC Validation	Lact Name dill	Last Nama Dill		
	Registration Validations	Last Halle Gill	Last Name On		
	Transfer Ownership	Date of Death Apr 01, 2024	Date of Death Apr 01, 2024		
	Medical Certification Request	Sex Female	Sex Female		
		Place Of Death/County Of Death	Place Of Death/County Of Death		
		Medical Record Number	Medical Record Number		
		_			
		Request to Abandon Current Case	7	Request to Abandon Duplicate	Case
				7 Override Duplicat	te Status

Figure 129 - Compare Potential Duplicates



#### Exact Duplicate Case Match at Case Creation

When you create a case and enter the exact information an existing case, eVitals displays a message that your case is an exact duplicate match. You cannot create a new case. You must preview the existing case and either use that case or contact the DOH Death Registry Unit for further assistance.

Department of Health			Welcome	<b>U</b>
			Jennifer Pickles	
			Regional Hospital of S	Scranton
Start New Death Case				
First Name*		Middle Name		
melissa				
Last Name		Suffix		
dill		Select one		
Date of Death*	Sex*		Gender Designation (if different than Sex)	
Apr-01-2024	Female	* ~	Select one	
Search Result			Clear	Se
Search Result	<b>Exact Duplicate Found.</b> A case found in the system. Creation of	e matching the criteria has alreat new case is not allowed in this i	Ctear dy been instance.	Sea
Search Result	<b>Exact Duplicate Found</b> . A case found in the system. Creation of Please contact the DOH Death	e matching the criteria has alrea new case is not allowed in this Registry Unit if you feel this is a	Clear dy been instance. n error.	Sea
Search Result	<b>Exact Duplicate Found.</b> A case found in the system. Creation of Please contact the DOH Death	matching the criteria has alreat new case is not allowed in this Registry Unit if you feel this is a	clear dy been instance. n error. Filter:	Sea
Search Result Show 20 • entries Case Decedent's Name	Exact Duplicate Found. A case found in the system. Creation of Please contact the DOH Death Date of Place of Death Sex Death	matching the criteria has alreat new case is not allowed in this Registry Unit if you feel this is a Date of Birth Medical Owner	Clear dy been instance. n error. Filter:	Sea
Search Result Show 20 • entries Case Decedent's Name 37721049 Dill, Melissa A	Exact Duplicate Found. A case         found in the system. Creation of         Please contact the DOH Death         Date of       Place of         Death       Sex       Place of         pr 01, 2024       Female	e matching the criteria has alread inew case is not allowed in this Registry Unit if you feel this is a Date of Birth Medical Owner Regional Hospital of Scranton	dy been instance. n error. Personal Owner Status & Unregistered C	Sea
Search Result Show 20 • entries Case Decedent's ID Name 37721049 Dill, Melissa A Showing 1 to 1 of 1 entries	Exact Duplicate Found. A case found in the system. Creation of Please contact the DOH Death         Date of Please contact the DOH Death         Date of Please contact the DOH Death         pate of Place of Place of Pleath         peath         Sex         Death         peath         Place of Place of Place of Pleath	e matching the criteria has alread new case is not allowed in this i Registry Unit if you feel this is a Date of Birth Medical Owner Regional Hospital of Scranton	dy been instance. n error. Filter: Personal Owner Unregistered Previous	C Preview

Figure 130 - Exact Duplicate Message



### Potential Duplicate Cases – Saving a Case

A potential duplicate case occurs when you save your case with information that is similar to an existing case in your facility. eVitals flags your case with the Potential Duplicate case status and drops the case into the Duplicate-Potential queue for resolution. Your case cannot be registered until the Potential Duplicate case status is resolved.

				Welcome	0 0
Department of Health				Jennifer Pickles	Log
V				Regional Hospital of Scra	nton
Death Registration			_		
Personal Information				< Return to Results Sa	ve >
<ul> <li>Decedent</li> </ul>	Case ID: 37720365	Decedent Name: Tonya Gherkir	Event Date: Feb-13-2	024	
Place of Death					
Medical Information	Case Status:	Medical Pending Personal Pend	ing Fact Of Death Pending	Uncertified Unsigned Unregister	ed
Pronouncement		Potential Duplicate			
Cause of Death	- Description				
Other Factors	Decedent				
Certifier					
Other Links	Decedent Name				
Balingwich Case	First	Middle			
	Tonya				
Case Messages	Last	Suffix			
Duplicate Resolution	Gherkin	Select one	~		
Drop To Paper					
Print Forms	Sex	Gender Desig	nation (if different than Sex)		
Refer to Coroner/ME	Female	¥ V Selectione			

Figure 131 - Case Status: Potential Duplicate

NOTES



#### Resolving Potential Duplicate Cases

1. Navigate to the Duplicate-Potential queue and click on the duplicate <u>Case ID</u>.

Department of Health			We Jenni	lcome fer Pickles	0 🌣 🕷 Logout
			Reg	ional Hospital of Scr	ranton 🗸
<ul> <li>Duplicate-Potential</li> <li>Show 25 • entries</li> <li>Case ID • Decedent's Legal Name</li> <li>1 37721050 Dill, Mellissa</li> <li>Showing 1 to 2 of 2 entries</li> </ul>	Date of Death Apr 01, 2024	Sex Female	Search: Status Date Apr 01, 2024	Previous 1	Next Back

Figure 132 - Duplicate - Potential Queue

2. Click the **Compare** button of the duplicate case you would like to view.

			Welcome 🛛 🕫 🏘
	Department of Health		Jennifer Pickles Logout
	y .		Regional Hospital of Scranton $\sim$
≡	Death Registration	Case ID: 37721050 Decedent Name: Mellissa Dill Event Date: Apr-01-2024	4
	Personal Information		
-	Decedent	Case Status: Medical Pending Personal Pending Fact Of Death Pending	Uncertified Unsigned Unregistered
-	<ul> <li>Place of Death</li> </ul>	Potential Duplicate	
	Medical Information	Duplicate Resolution for Case: 37721050	
-	Pronouncement	due to attin	riter.
-	Cause of Death	show 10 v entries	Filter:
-	Other Factors	Case Decedent's Date of Medical Record Place Of	I .
	Certifier	ID Name Sex Death Number Death	Case Status
	Other Links	37721049 Dill Melissa Apr 01, 2024	Medical Pending Personal Pending
	Relinquish Case		Fact Of Death Pending Uncertified
	Documentary Evidence		Unsigned
	Case Messages		Unregistered
	Duplicate Resolution	Showing 1 to 1 of 1 entries	Previous 1 Next
	Drop To Paper	Operations Detected Development	
	Print Forms	Compare Potential Duplicates	
	Refer to Coroner/ME	Current Case Potential Duplicat	te Case
	Case Status History	Case ID 37721050	
	Request to Abandon/Void	Decedent's Name	
	Comments	First Name Mollisso	
	CDC Validation	First Name Mellissa	
	Registration Validations	Last Name Dill	
_	Transfer Ownership		
	Medical Certification Request	Date of Death Apr 01, 2024	
		Sex Female	
		Place Of Death/County Of Death	
		Medical Record Number	
		Request to Abandon Current Case	
			Override Duplicate Status

Figure 133 - Potential Duplicate Compare Cases



- 3. The current case and Potential Duplicate Case information displays at the bottom of the screen. Review the information between the cases and then:
  - a. If one case is a duplicate, click the **Request to Abandon Current Case** or **Request to Abandon Duplicate Case** button. The case is flagged for removal and the case status updated to External Request to Abandon.
  - b. If each case is unique, click the **Override Duplicate Status** button. The Potential Case Duplicate case status is removed.

If you would like to view the potential duplicate case, click the Select link at the end of the potential duplicate case row.

			Welcome 🛛 🛽 🕸 🕯
	Department of Health		Jennifer Pickles Logout
			Regional Hospital of Scranton 🗸 🗸
≡	Death Registration	Case ID: 37721050 Decedent Name: Mellissa Dill E	went Date: Apr-01-2024
	Personal Information		
	Decedent	Case Status: Medical Pending Personal Pending Fa	act Of Death Pending Uncertified Unsigned Unregistered
	Place of Death	Potential Duplicate	
	Medical Information	Duplicate Resolution for Case: 37721050	
	Pronouncement	Show 10 w antrias	Filter
	Cause of Death	Show 10 v entries	Tittei.
	Other Factors	Case 🔔 Decedent's 🛓 👌 Date of 💧 Medical F	Record A Place Of
	Certifier	ID Name Sex Death Number	Death Case Status
	Other Links	37721049 Dill Melissa Apr 01, 2024	Medical Pending Select Personal Pending
	Relinquish Case		Fact Of Death Pending Uncertified
	Documentary Evidence		Unsigned
	Case Messages		Unregistered
	Duplicate Resolution	Showing 1 to 1 of 1 entries	Previous 1 Next
	Drop To Paper	Operation Determined Duralization	
	Print Forms	Compare Potential Duplicates	
	Refer to Coroner/ME	Current Case	Potential Duplicate Case
	Case Status History	Case ID 37721050	Case ID 37721049
	Request to Abandon/Void	Decedent's Name	Decedent's Name
	Comments	First Name Mellissa	First Name Melissa
	CDC Validation	Middle Name	Middle Name
	Registration Validations	Last Name Dill	Last Name Dill
	Transfer Ownership		
	Medical Certification Request	Date of Death Apr 01, 2024	Date of Death Apr 01, 2024
		Sex Female	Sex Female
		Place Of Death/County Of Death	Place Of Death/County Of Death
		Medical Record Number	Medical Record Number
		3a Request to Abandon Current Case	3a Request to Abandon Duplicate Case
			3b Override Duplicate Status

Figure 134 - Potential Duplicates Compared



#### Exact Duplicate Cases – Saving a Case

An exact duplicate case occurs when you save your case with information that contains exactly the same information as an existing case at your facility. eVitals flags the case with the Exact Duplicate case status and drops the case in the Duplicate-Exact queue for resolution.

#### Resolving Exact Duplicate Cases

The steps for resolving Exact Duplicate cases are the same as resolving Potential Duplicate cases. Repeat the steps for <u>Resolving Potential Duplicate Cases</u> to resolve an Exact Duplicate case.



Figure 135 - Queue List: Duplicate-Exact



Figure 136 - Case Status: Exact Duplicate


# eVitals Medical Facility User Training Guide

### Centralized Duplicate Cases

A centralized duplicate case occurs when you create a case with the same information and another user changes information in their case that matches the information in your case. When this occurs the case status updates to Centralized Duplicate and cannot be registered until the Centralized Duplicate status is resolved.

Please reach out to the Death Registry Unit to resolve cases that have a status of Centralized Duplicate.

		Welcome 🛛 🕸 🕯	•
	× 1	Jennifer Pickles Logout	
	. A start and the start and th	Regional Hospital of Scranton	
=	Death Registration		
-	beaufrieglouddon	Return to Results Save	
	Personal Information		
	<ul> <li>Decedent</li> </ul>	Case ID: 37720132 Decedent Name: Marty Crenshaw	
	<ul> <li>Place of Death</li> </ul>	Event Date: Feb-00-2024	
	Medical Information		
	Pronouncement	Case Status: Medical Pending Personal Pending	
	Cause of Death	Fact Of Death Pending Uncertified Unsigned	
	Other Factors	Unregistered Centralized Duplicate	
	Certifier		
	Other Links	Decedent	
	Relinquish Case		
	Documentary Evidence	Decedent Name	
	Case Messages	First Middle	
	Drop To Paper	Marty	
	Print Forms	Last Suffix	
	Refer to Coroner/ME	Crenshaw	
	Case Status History		
	Request to Abandon/Void	Sex Gender Designation (if	
	Comments	different than Sex)	
	CDC Validation	Select one	
	Registration Validations		
	Transfer Ownership	Date of Birth	
	Medical Certification Request	Month Day Year	
		Select one v Select one v	
		Age at Last Birthday (Years)	
_		No validation error found on this page Show All	
		Return to Results Save	

Figure 137 - Centralized Duplicate Casa Status



### 7. Reports

As an eVitals user, you have two canned reports available to help manage productivity and case load at your facility. In addition to monitoring productivity, you can ensure that deaths are reported to the Department of Health in four business days.

#### **Available Reports**

- Event Summary Report by Month By Facility Displays a monthly count of how many cases were created at a facility.
- **Death Summary Report** Displays facility case information such as decedent name and date of death, place, and type of place of death, who created the case and when, if it was certified, the date, and by whom.

#### Generating a Report

1. Click the **Navigation Menu** button, then select Reports → Facility Reports → Title of the Report.

All Categories						
Main	>	<b></b>	Reports		<	Back
Life Events	>	<	Back			Event Summary Report By Month By Facility
Reports	> -	>	Facility Reports >	$\rightarrow$		Facility Summary Report

- 2. Enter your beginning and end date parameters, then select Death from the Event Type drop-down list.
- 3. Select Death from the Event Type drop-down list.
- 4. Click the **View Report** button.

**NOTE**: The Facility defaults to the facility you are logged in under and the Event Type always defaults to Death.

2	Department of Healt	th					Welcome Jennifer Pickles	Ø	Logout
Report Name	Facil	lity Summary Report		-			Regional Hospital of	Scranton 4 View I	✓
Beginning Date Facility	2 01.	/01/2024	Ending Date	2 3	02/28/2024	]			

Figure 138 - Generating a Report



# eVitals Medical Facility **User Training Guide**

#### Viewing the Report Results

When your results display, you a toolbar displays above your report. You can use this toolbar to navigate your report if there are multiple pages or export your report and print.

2 c	epartment of Health	I									Welcome Jennifer Pickles	😧 🗘 🏶 Logout
											Regional Hospital o	of Scranton 🗸 🗸
Report Name	Facility	Summary Report										View Report
Beginning Date	1/1/2	2024				Ending D	ate	2/28/2024				
Facility	Regio	onal Hospital of Scrant	on M			Event Ty	pe	Death	~			
14-4-1	of1 ▷ ▷l · · · ·	Find	Next 🔍 🗸 🚱	<b>a</b>								
	I	DEATH SUMM	ARY REPORT					Pennsylvania				
0	RE	GIONAL HOSPIT	AL OF SCRANTO	N			PA De	partment of Health				
Report Parame	Event Degin Date Event End Date:	Feb-28-2024					Regional H	ospital of Scranton				
2/28/2024 7:41:46 A	M, 9 cases				USER:			Pickles, Jennifer				
Place of Death	Type of Place of Death	Case ID 💲	Date of Death	First ‡ Name	Last ‡	MRN	Status	Create Date	Created By	Date Certified	Certifier First Name	Certifier Last Name
Regional Hospital of Scranton	Hospital- Inpatient	37719283	01/31/2024	Jane	O'Malley		Unregister ed	12/23/2023	Jennifer Pickles			
		37719420	01/02/2024	Charles	Tea		Unregister ed	01/02/2024	Kevin Tucker			
Hershey Medical Center	Hospital- Inpatient	37719452	01/01/2024	BUNSON	BURNER		Registered	01/03/2024	Emmanuel Obele	01/03/2024	Swathi	Jamjam
Hershey Medical Center	Hospital- Inpatient	37719453	01/02/2024	Winter	Storm		Registered	01/03/2024	Amy Rhodes	01/03/2024	Swathi	Jamjam
Regional Hospital of Scranton	Hospital- Inpatient	37719506	01/03/2024	Ocean	Wave		Registered	01/20/2024	Monique Maloney	01/20/2024	Elizabeth	Simone
Regional Hospital of Scranton	Hospital- Inpatient	37719624	01/11/2024	PERSEPH ONE	PROSPERO		Registered	01/11/2024	Amy Rhodes	01/11/2024	Amy	Rhodes
Regional Hospital of Scranton	Hospital- Inpatient	37719688	01/15/2024	Jonas	Aidoo		Registered	01/19/2024	Monique Maloney	01/16/2024	Elizabeth	Simone
Regional Hospital of Scranton	Hospital- ER/Outpatient	37719755	01/19/2024	Pumpkin	Pie		Unregister ed	01/20/2024	Michelle Elmquist			
Regional Hospital of	Hospital- Inpatient	37719926	02/01/2024	Tina	Tuna		Unregister ed	02/01/2024	Jennifer Pickles	02/01/2024	Jenny	Hollister

Figure 139 - The Report Toolbar

#### The toolbar

4 4 1 of 1 ▷ ▷   4 Find   Next 🔍 🗸 🚱
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of 1 **b** ll - Use to navigate when there are multiple pages. You can use the arrows to navigate the pages or enter the page number into the field.

Find | Next

- Use to search for a word or phrase in your report.



- Use to export your report to a file on your desktop for further analysis.

¢,

- Use to refresh the data in your report.

- Use to export to a PDF file for easy printing. ÷

