



One Integrated System for All Your Vital Records Business Needs

West Virginia Medical Examiner Training Exercises

November 2021

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Logging Into the DAVE Application

Exercise 1: Logging Into DAVE

Skills Learned: in this exercise, you will learn how to log into the **DAVE** (Database Application for Vital Events) Application:

1. Double click the **DAVE** icon on your desktop or select the **DAVE** Favorite (Bookmark) from within your web-browser.

- 2. Enter User Name and Password.
- 3. Click the **Login** button.

	West Virgini Department of Health a	a - Vital Records and Human Resources	
	Username:	Password:	March
Ale	Version #: 21.2.1.69853	Login	. Al
Alex	Forgot your password?	New User Enrollment	

4. If your **User Name** is associated with more than one office or location, then you must also make a selection from the **Office:** dropdown list, shown below:

West Virgin Department of Health		
Select your Office:	and Italian Resou	
WV OCME	/]
WVU Medicine Be	erkeley Medical Center	
Version #: 21.2.1.69853	TIM	Cancel



You should now be logged into the **DAVE** application where the **Main Menu** and **Fast Links** sections are displayed:

Image: West Virginia - Vital Records Department of Health and Human Resources Image: West Virginia - Vital Records Department of Health and Human Resources Image: West Virginia - Vital Records Department of Health and Human Resources Image: West Virginia - Vital Records Department of Health and Human Resources Image: West Virginia - Vital Records Department of Health and Human Resources Image: West Virginia - Vital Records Department of Health and Human Resources				
Home Fast Links			Queues	
Messages	੍ਰਤਾਂ Death Locate Case	Case	Registration Work Queue Summary	



Exercise 2: Current Activities

Skills Learned: Basic navigation within the Current Activities pane.

The **Current Activities** pane displays a listing of the **Queues** that contain records requiring immediate attention. (See <u>Queues</u>, elsewhere in this training guide, for more information about **Queues**.) In the example below, there is 1 record in the Cause of Death Pending queue needing attention. This record is 7 days old.

1. Click on the **Certification Required** link to open the **Search by Registration Work Queue** page, allowing access to the records in the queue.

West Virginia - Vital Records Department of Health and Human Resources							
urrent Activities							
Queue Name	Туре 🗖	Count	Age of Oldest in Days				
Cause of Death Pending	Death	6	3				
Certification Required	Death	12	153				
Cremation Clearance Approved	Death	21	160				
Cremation Clearance Rejected	Death	1	5				
Cremation Clearance Required	Death	15	161				
ME Review Required	Death	8	134				
Medical Pending	Death	129	190				
Personal Pending	Death	122	190				
-			Total Queu				

2. At this time, simply look around on the page. We will look at how to access and edit records in the **DAVE** system elsewhere in this manual.

		D	WV OCME					2 medexam	Logout
				- Vital Records	Department of F	Health and H	uman Resou	rces	
		Main 🔉	^r Lif <u>e</u> Events <u>⊨ Q</u> ueues	Forms 🕜 Help					
Search	by Regis	tration Work	Queue						
Queue:	Cer	tification Req	uired - Death 🗸 🗸	Search Type		~	Value:		
Display	200	rows	per page.	Filter:		~			
								Search	Show All Rows Clear Return
_									
All	Case Id	File Number	r	Registr	ant			Date of Ev	ent 🚽 Data Provider
	3362		Mills, Elizabeth					NOV-07-20	021 Charleston Mortuary Ser, LLC
	3348		Doe, John					NOV-06-20	121 Charleston Mortuary Service, Inc.
	3356		Whitley, Adaline					NOV-05-20	121 Cooke Funeral Home Crematorium
	3346		Bouche, Bobby					NOV-05-20	021 Charleston Mortuary Ser, LLC
	3337		Doe11042021, John					NOV-04-20	021
	3343		Doe, John					NOV-04-20	21 Allen Funeral Home
	3328		Haynes, Fugi					OCT-18-20	21 Charleston Mortuary Service, Inc.
									Total Records : 7



3. Click the **Return** button to close this page and return to the **Current Activities Screen**

Exercise 3: The Messages Pane

Skills Learned: Basic Navigation within the Messages pane

One fast link that appears when you first login to the **DAVE** application is the **Messages** Link. Some **Messages** are messages sent from User to User, while others are system generated and appear with no interaction from the user.

The **Messages** pane is a grid control that displays all of the messages that have been sent to the user or current office (the office selected at login.) To read a message, click on the underlined link in the **From** column. The **Message Text** column displays all or a portion of the text of the message that was sent. **Date Sent** displays the date and time the message was sent. Notice that the **Remove from List** button is grayed out.

1. Click on any of the underlined links in the **From** column of the **Messages** pane to read that particular message.

☆ <u>M</u> ain	<u>₪ wv ocme</u> West Virginia - Vi og Ulfg Events ≔ Queues 🎽 Fo	tal Records Department of	오 medexam f Health and Human Resources	Logout	
Messages			Send Message	✓ Mark as Read	× Remove from List
From	Subject	Message		Date Sent	
medical examiner	Test Message	This is just a test to verify	the messaging system is working properly.	11/9/2021 3:27:4	42 PM
					Total Records : 1

2. The **Message** window is a popup that appears on top of the main **DAVE** page. After the **Message** has been read, click the **Close** button.

lessages			Send Messag	ge 🗸 Mark as Read	× Remove from I
From	Si	ubject	Message	Date Sent	
medical examiner	Te	est Message	This is just a test to verify the messaging system is working proper	ly. 11/9/2021 3:2	7:42 PM
	Message			×	Total Records :
	Message				
	From: Sender Office: Subject: Date Sent: Message Text:	medical examiner WV OCME Test Message Tuesday, November 9, 2021 This is just a test to verify the m	nessaging system is working properly.		
	message rext.		reeouging of section of norming property.	Close	



3. Place a checkmark in the checkbox next to the **Date Sent** column header.

Notice that the **Remove from List** button is now active.

Do not click on the **Remove from List** button unless you are sure you want to remove all of these messages from the list.

icssayes		Send Message	✓ Mark as Read X Remo	ve from List
From	Subject	Message	Date Sent	
medical examiner	Test Message	This is just a test to verify the messaging system is working properly.	11/9/2021 3:27:42 PM	
			Total R	ecords : 1

Note: Deleted messages cannot be restored.	Do not delete messages unless you are
sure that you will not need them.	

4. Remove the checkmark from the checkbox next to the **Date Sent** column header and place a checkmark in any of the boxes next to a single message.

Now click the **Remove from List** button to remove a single message from the list.

Messages		Send Message	✓ Mark as Read × Remov	ve from List
From	Subject	Message	Date Sent	
medical examiner	Test Message	This is just a test to verify the messaging system is working properly.	11/9/2021 3:27:42 PM	
			Total Re	ecords : 1

Again, once removed, messages cannot be restored.



Exercise 4: Change Password

Skills Learned: in this exercise, you will learn how to change your DAVE system password.

Your supervisor will provide you with a password that will enable you to login to the DAVE system. This is just a temporary password and must be changed when you login for the first time.

To change your password,

- 1. From the Main Menu, select Main -> Change Password.
- 2. Enter your old or temporary password into the **Old Password** text entry box.

3. Enter your new password into the **New Password** text entry box. Passwords must be at least 6 characters in length and should be a combination of letters, number, uppercase and lowercase characters.

	🛄 WV OCME				<u> e medexam</u>	Logout	
	West Vi	rginia	- Vital Records Departm	ent of Health and Human Resou	urces		
	☆ Main or Life Events	<u>∎</u> <u>Q</u> ueues	Forms ₍₂₎ <u>H</u> elp				
Change Passw	Home	_					
Change Passw	Change Office			00 Davis 0 Harris 20 Minutes			
	Change Password		Time left before your password expires:	89 Days, 8 Hours, 28 Minutes			
	User Profile		Old Password:				
	Messages		New Password:				
	Current Activities		Confirm Password:				
	Logout				-		
			Security Question	·			
			Security Answer	*****			
						Save	Clear

4. Re-enter the new password in the **Confirm Password** text entry box. NOTE: you must enter the exact same password both times.

- 5. Select the **Security Question** you wish from the Security Question dropdown.
- 6. Enter a **Security Answer**.
- 7. Click the **Save** button.



Exercise 5: Logging out of the DAVE Web-Base Application

Skills Learned: Logging out of the **DAVE** application.

1. From the Main Menu select Main -> Logout.								
III WV OCME								
West Virginia - Vital Records								
	₼ ain	਼੍ਰਾ Lif <u>e</u> Events	<u>I</u> <u>Q</u> ueues	Forms	🕑 <u>H</u> elp			
Home	Home							
Home	Change	e Office						
Fast Links	Change	e Password						
	User Pr	ofile			Death Start/Edit N			
Message:	Messag	ges	Locate Case	ça.	Case			
	Current	Activities						
	Logout							

2. You will be prompted to "Click OK to exit application". Click the OK button to exit. If you do not want to logout of the application, click the Cancel button, instead.

uat.davewv.vitalchek.com says		
Click OK to exit application.		
	ОК	Cancel

3. You can also directly select the **Logout Button**, always displayed and located in the far upper right of the screen.



If you select this option for logout, you will not receive the "Click OK to exit application" prompt. You will simply be logged out.

4. Once logout is complete, you will be returned to the **Login** page.

General Death Registration Page Functionality

Page Controls and Navigation

Skills Learned: In these exercises you will learn how to navigate through **DAVE** using the various controls and icons provided. Mastery of these controls will speed you on your way

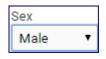


to more efficient death record processing. The following exercises are designed to help you gain that mastery.

Exercise 1: Dropdown Lists

Dropdown lists provide you with a pre-defined list of choices. This eliminates the need to manually type in data, prevents inappropriate items from being entered, prevents spelling errors.

1. One of the first dropdown lists you are likely to encounter is the **Sex** dropdown list on the main **Start/Edit New Case** page. To view all items in the list simply click on the down-arrow on the right side of the control.



2. Notice that clicking on the down arrow will reveal the list of items that can be selected from that control. Some dropdown lists will have more selectable items than can be displayed on one page. In those cases, a scroll bar will appear on the left side of the list.



3 It's possible to select an item from the list without actually dropping the list down. If you already know the item you want to select, just tab to the dropdown and type the first letter in the name of the item.



If more than one word in the list starts with the same letter, typing that letter again will scroll through the list for you.

4. Once the list is highlighted, it is possible to navigate up and down through the list using the directional arrow keys on your keyboard. You can tell a list is highlighted by the blue shading that is placed around the outside of the field.



Not Highlighted:	Date of Injury Modifier
	of Injury Modifier

With the list highlighted and 'Actual Date of Injury' selected, press the down-arrow button on your keyboard.

Date of Injury Modifier	Actual Date of Injury	•
-------------------------	-----------------------	---

Pressing the down-arrow with 'Actual Date of Injury' highlighted scrolls down the list to 'Approximate Date of Injury'. Now press the up-arrow button.

Date of Injury Modifier	Approximate Date of Injury 🔻
-------------------------	------------------------------

Pressing the up-arrow with 'Approximate Date of Injury' highlighted scrolls back up the list to 'Actual Date of Injury'.



Exercise 2: Standard Date Format

Skills Learned: In this exercise you will learn how to properly key dates into the **DAVE** system. While processing death registrations, you will frequently be inputting dates. **DAVE** allows you much flexibility in using several different date formats: are illustrated below:

Input Formats	Typed As:	System Converts to:
MM-DD-YYYY	02052014	Feb-05-2014
MM/DD/YYYY	02/05/2014	Feb-05-2014
MMDDYYYY	02052014	Feb-05-2014
MonDDYYYY	Feb052014	Feb-05-2014
Mon/DD/YYYY	Feb/05/2014	Feb-05-2014
Mon-DD-YYYY	Feb-05-2014	Feb-05-2014

In all cases you must use 2 digits each for Month and Day and 4 digits for Year. The only exception is the MonDDYYYY format that allows you to enter a 3-letter abbreviation for the Month. The MonDDYYYY format also supports Mon/DD/YYYY and Mon-DD-YYYY formats.



Exercise 3: Using Calendars

Skills Learned: In this exercise you will learn how to use the **Calendar control** to input dates without typing them in manually.

1. In addition to manual date entry, you can also click on the **Calendar icon** next to a date entry box to bring up a **Calendar control**.

Date of Injury					Date	of Inju	iry M	0
Time of Injury	0	De	с	• 2	018	•	0	c
njury at Work	Su	Мо	Tu	We	Th	Fr	Sa	
							1	l
Place of Injury - farm, street, fac	2	3	4	5	6	7	8	ľ
office, building.	9	10	11	12	13	14	15	ſ
njury Location	16	17	18	19	20	21	22	ľ
	23	24	25	26	27	28	29	l
Street Number	30	31						L
Zip Code	То	day			[Can	cel	y

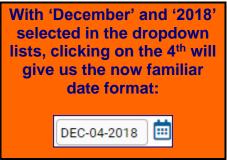
2. By default, the current Month, Day and Year are pre-selected. The current month is pre-selected in the Month dropdown list, the current year is pre-selected in the Year dropdown list and the current day is highlighted in Yellow. As with other drop-down lists we have seen, clicking on the down-arrow next to the month control (Dec, in this example) will reveal all the items in the list.

Date of Injury) (Date (of Inju	iry Mo)
Time of Injury	0	Dec	•	20	018	•	0	þ
Injury at Work	Su	Jan Feb		le	Th	Fr	Sa	
Place of Injury -		Mar					1	
farm, street, fac	2	Apr May		5	6	7	8	
office, building.	9	Jun		12	13	14	15	
Injury Location	16	Jul Aug		19	20	21	22	
	23	Sep		26	27	28	29	
Street Number	30	Oct Nov						L
Zip Code	Tod	Dec ay			[Can	cel	y

In addition to manually dropping down the list, we can just type the first letter of the month we are interested in or use the up and down arrows on the keyboard to scroll through the list until we find the month we want to select.



3. Once we have selected the correct Month and Year, clicking on the Day of the month will auto-populate the Date for us.



Keyboard Shortcut: Once a date control has been selected or tabbed into, pressing the f12 key will automatically place the current system date into the control.



Exercise 4: Lookup Controls

Skills Learned: In this exercise you will learn how to use **Lookup Controls**. **Lookup Controls** are searchable lists that display a grid of selectable data. **Lookup Controls** are all labeled, so you will know one when you see it.

	1	

1.

The Lookup Icon is a control displayed as a small magnifying glass next to

fields in which a lookup can be performed. Wherever a **Lookup Icon** is displayed, **Eraser Icon** control is also displayed.

2. Selecting the **Lookup Icon** will display a pop-up control to search for a lookup the value that should be entered into the select field. For example, selecting the Certifier Name **Lookup Icon**, will display the Lookup Certifier Name pop-up.

Lookup Certifier			×
Last Name	First Name		Search
			Cancel
FIISL	muure	Lasi	SUITIX

3. A Last Name should be entered into the search field. Wildcard searches can be utilized for Lookups. Simply enter a % at the end of the search criteria to perform a wildcard search. In the below example I entered "doct%" and selected Search, which returned a data grid of results for Certifier names with last name of Doct

Lookup Certi	ifier		¥				×
Last Name I doc	t%		First Nan	ne		Search	
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD12345	Doctor		Agrand	Medical	123	Main	select
						Total Reco	rds : 1
							Cancel
	5				04-		



4. From the data grid list, select a doctor. Notice that all of the controls on the **Certifier Name** page have now been auto-filled.

Certifier Name					
License Number MD12345					
First	Middle	Last		Suffix	
Agrand	Medical	Doctor			
Title	Other Specify				
Doctor of Medicine					
Certifier Address					
Edit Certifier Address 🔲					
Pre		5	Street	Post	Apt #,
Street Number Direction	al Street Name, Rural Route,	etc. [Designator	Directional	Suite #,etc.
101 •	Manning		Drive	· ·	
Zip Code City or To	wn State	è	Country		
27514 Chapel H	Nort	th Carolina	United States	S	



Exercise 5: Registration Status Bar

Skills Learned: In this exercise you will learn about the **Registration Status Bar**. The **Registration Status Bar** helps you keep track of missing data that can prevent a death record from being properly registered. It's also a valuable tool for tracking the status of a death case.

1. The **Registration Header** can be viewed from any of the pages of information in the **Death Registration Menu**. Simply locate the bar at the top of the information window that displays the case number, decedent name and date of death.

III WV OCME	은 medexam Logout
West Virg	zinia - Vital Records Department of Health and Human Resources
	_ Queues ∎ Forms @ Help
Death Registration Menu Personal Information Decedent Resident Address Family Members Informant Disposition Decedent Attributes Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Certifier Other Links Comments ME Review Case Request Funeral Home Print Forms	3364 :Robin Hood NOV-09-2021 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA Decedent Will OCME be responsible for final disposition? Prefix First Middle Obter Middle Last Decedent's Maiden Name Last Adiases Add/Edit Alias Names Sex Social Security Number Male Under 1 Year Under 1 Day Months Days Hours Minutes SSN Verification Status
Refer to Medical Examiner Relinquish Case Transfer Case Validate Registration	Decedent's Birth Place City or Town County State United States
	Ever in US Armed Forces?
	✓ Validate Page → Next ▲ Clear ➡ Save ⑦ Return

2. The **DAVE** application provides work flow and data quality management through the assignment of statuses. The death registration process involves many steps that are completed by several parties. In order to track these steps the **DAVE** system assigns one or more statuses to the record when an action is performed (e.g. Select the validate page button).

The initial status assigned to a new electronic case is **New Event/New Event/Not Registered/Unsigned/Uncertified/NA**. (The status shown in the example above.) The goal of all parties in the registration process is to obtain a 'perfect' status. A perfect status would indicate the highest data quality and completion of all steps in the registration process (e.g. Personal Valid/Fact of Death Valid/Medical Valid/Registered). Sometimes a death record may contain values which are valid however cause soft edit rule failures, therefore it is also



possible to have a registered record have a Personal Valid with exceptions or Medical Valid with exceptions status or any combination of valid and valid with exceptions.



Exercise 6: Validate Page and the Validation Frame

Skills Learned: In this exercise you will learn how to validate death records and prepare them for registration.

1. Once you've entered information into the system you can validate that information by clicking on the **Validate Page** button.

Death Registration Menu	3364 :Robin Hood NOV-09-2021
Personal Information	/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Fact of Death Pending/FIPS Coding Required/Personal
X Decedent X Resident Address X Family Members X Informant X Disposition X Decedent Attributes Medical Certification X Pronouncement	Pending/Medical Pending Pronouncement Date of Death NOV-09-2021 MMM-dd-yyyy Time of Death Image: Time of Death Modifier Date Pronounced Dead MMM-dd-yyyyy Time Pronounced Dead Time Pronounced Dead Time Pronounced Dead
Yelace of Death Cause of Death Other Factors Injury Certifier	Pronouncer Name
Other Links	First Middle Last Suffix
Comments ME Review Case Request Funeral Home Print Forms Refer to Medical Examiner Relinquish Case	medical examiner Title Other Specify Date Signed Image: Signed Si
Transfer Case	✓ Validate Page → Next

When you click on the Validate Page button, the Validation Frame will list all of the errors associated with that page. The list of Validation Results specific to data entry issues regarding the page will be displayed directly below the Validate Page, Next, Clear, Save and Return buttons.

Validation Results	E List All Errors	Save	Overrides	- Hide
Error Message		Override	Goto Field	Popup
DR_6217: Time Pronounced cannot be left blank. Verify that Time Pronounced is correct. The Time Pronounced cannot be blank.			Fix	Fix Fix
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after entered as "12:01 a.m." of the new day. If the exact time of death is unknown, the time shou approximated by the person who pronounces death.	<u> </u>		i h Fix	i'i Fix
DR_8148: Pronouncer's first name is not in proper case. Only the first letter of the first name should be capitalized.			Fix	Fix Fix
DR_8150: Pronouncer's last name is not in proper case. Only the first letter of the last name should be capitalized.			Fix	i 'i Fix

The fields on the specific page which contain errors will be highlighted. Those highlighted in red must be corrected before the record can be signed or certified and registered.



	3364 :Robin Hood NOV-09-2021 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Fact of Death Pending/FIPS Coding Required/Personal Pending/Medical Pending
i	Pronouncement
	Date of Death NOV-09-2021 Import MMM-dd-yyyy Date of Death Modifier Time of Death Time of Death Modifier
	Date Pronounced Dead Time Pronounced Dead ·

2. If you click on the **List All Errors** button the system will display all errors associated with the entire death case, including those errors which exist for the current page.

First	Middle	Last	Suffix		
medical][examiner			
Title	Other Spec	fy	_		
	~				
Date Signed MMM-dd-yyyy					
			✓ Validate Page → Next	t 🔁 Clear 🖬 Save 🕽 Ro	eturn
Validation Results			🔚 List Page Er	rrors 🖬 Save Overrides 🔳	Hide
Error Message				Override Goto Field Pop	oup
DR_0059: Decedent SSN Enter a valid SSN for Dec		not have an SSN select	the appropriate checkbox.	in Fix in	Fix
DR_0061: Age cannot be Enter Age at time of Deat		, Hours, or Minutes. All	items cannot be blank.	in Fix in	Fix
DR_0071: The Date of Bi Enter a valid date for Date		own, enter 99/99/9999		in Fix in	Fix
DR_0075: Birthplace city Enter the decedent's city		er "Unknown."		in Fix	Fix
DR_0079: Decedent in Ar Decedent in Armed Force				in Fix in	Fix
DR_0097: Decedent Birth Verify entries for birth pla			es", a state must be entered.	in Fix in	Fix
DR_0840: Marital Status Enter a valid value for De				in Fix in	Fix

3. Notice that the List All Errors button has now become the List Page Errors buttons. Clicking this button will reduce the list to those errors associated only with the currently displayed page.

4. If you want to hide the displayed list of errors then just click on the **Hide** button. Just re-click on the **Validate Page** button to view the errors again.



5. To fix an error, click on the **Fix** button in the **Goto Field** column. This will place the cursor or focus in the field that needs to be corrected. Use this option if you are on a page with many errors to correct.

	r chang/medioan chang	
Death Registration Menu	Pronouncement	
Personal Information	Date of Death NOV-09-2021	
× Decedent	Date of Death	
× Resident Address	Time of Death Time of Death Modifier	
× Family Members		
× Informant		
× Disposition	Date Pronounced Dead III Time Pronounced Dead :	
× Decedent Attributes	мімичасчууу	
Medical Certification		
× Pronouncement	Pronouncer Name	
× Place of Death	License Number	
× Cause of Death	1111	
× Other Factors		
✓ Injury	First Middle Last Suffix	
× Certifier	medical	
Other Links	Title Other Specify	
Comments	~	
ME Review Case	Date Signed	
Request Funeral Home	Date Signed MMM-dd-yyyy	
Print Forms		
Refer to Medical Examiner	Solution State Validate Page → Next & Clear Basve ⑦ Re	turn
Relinguish Case		
Transfer Case	Validation Results	Hide
Validate Registration		
3	Error Message Override Goto Field Popu	ар
	DR_6217: Time Pronounced cannot be left blank.	Fix
	DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as '12:01 a.m.' of the new day. If the exact time of death is unknown, the time should be approximated by the nerson who propounces death	Fix

'Focus' determines which onscreen element is the target of action. If a text box 'has the focus' then anything typed on the keyboard appears in the text box. If a dropdown list 'has the focus' the down-arrow will open the list and the up-arrow will close the list.

6.	Another method of correcting mistakes is to click on the	Fix Fix	button in the	Popup
colum	n			

Validation Results	EList All Errors	Save	Overrides	- Hide
Error Message		Override	Goto Field	Popup
DR_6217: Time Pronounced cannot be left blank. Verify that Time Pronounced is correct. The Time Pronounced cannot be blank.			Fix	Fix Fix
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after entered as "12:01 a.m." of the new day. If the exact time of death is unknown, the time shou approximated by the person who pronounces death.			i 'i Fix	i 'i Fix
DR_8148: Pronouncer's first name is not in proper case. Only the first letter of the first name should be capitalized.			Fix Fix	Fix Fix
DR_8150: Pronouncer's last name is not in proper case.			Fix	Fix



...to launch a popup window containing the error to be corrected:

Validation Popup	×
Validation Popup	_
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as "12:01 a.m." of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	
Pronouncement	
Date of Death	
Save	J

7. Correct the error and click the **Save** button to submit your changes. The popup will close and your changes to the item will now be displayed on the page. Click the **Close** button if you want to close the popup without making any changes.

8. Sometimes, a death registration can be processed even with certain errors present in the registration. In those cases, a checkbox will be provided in the **Override** column.

3364 :Robin Hood NOV-09	9-2021		
/Personal Invalid/Medical Invalid/Not	Registered/Unsigned/Uncertified/NA	/Fact of Death Pending/FIPS Co	ding Required/Personal
Pending/Medical Pending			
Pronouncement			
Date of Death	Date of Death Modifier	~	
Time of Death	Time of Death Modifier	~	
Date Pronounced Dead	Time Pronounced Dead		
Pronouncer Name			
License Number			
1111			
First Middle	Last	Suffix	
medical	examiner		
Title	Other Specify		
~			\bigcirc
Date Signed MMM-dd-yyyy			
		✓ Validate Page → Next	✿ Clear Save Structure
Validation Results		Elist All Error	s Save Overrides Hide
Error Message			Override Goto Field Popup
DR_6217: Time Pronounced cannot b Verify that Time Pronounced is correc		ink. (A Fix A Fix
DR_6221: Time of death cannot be let Enter the exact time of death (hours a entered as "12:01 a.m." of the new day approximated by the person who prom	nd minutes) according to local time. O v. If the exact time of death is unknown		A Fix A Fix



Page 22 of 76 LexisNexis VitalChek Network, Inc. Proprietary and Confidential Information (c) 2017. All rights reserved. 9. Put a checkmark () in the **Override** box and click the **Save Overrides** button. This allows you to process a death registration even if some errors are present.

Validation Results	■ List All Errors	Save	Overrides	🗖 Hide
Error Message		Override	Goto Field	Popup
DR_6217: Time Pronounced cannot be left blank. Verify that Time Pronounced is correct. The Time Pronounced cannot be blank.			Fix	Fix
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 entered as "12:01 a.m." of the new day. If the exact time of death is unknown, the time should approximated by the person who pronounces death.			i ń Fix	Fix
DR_8148: Pronouncer's first name is not in proper case. Only the first letter of the first name should be capitalized.			Fix	Fix
DR_8150: Pronouncer's last name is not in proper case. Only the first letter of the last name should be capitalized.			Fix	Fix

Important Note: Not all errors can be overridden!

10. There are two types of errors in **DAVE**: Hard and Soft. Hard edits are highlighted onscreen in red. Soft edits are highlighted in yellow. In the example below we have used a lower-case 'n' for middle initial and left out the last name entirely.

Certifier								
Certifier Type		Red or 'Har	d'edite	s cannot be	overrid	den and n	nust he	corrected
Certifier Name 🔦 📐	l				overna			
License Number MD12345	ntern/Resident (If Not Lic	ensed)						
First	Middle	Last		Su	ffix			
Adoctor	n 🚽	Namehere						
Title	Other Specify							
Doctor of Medicine	•	Yellow	, or 'So	oft' edits ca	n be ove	erridden.		
Certifier Address								
Edit Certifier Address								
Pre			Street		Post	Apt #,		
	Street Name, Rural Rout	e, etc.	Designato			Suite #,etc.		
123 N V	Main		Street	•	•			
Zip Code City or T		State		Country				
85004 Sentine	el	Arizona		United States				
Date Signed								
				Va	lidate Page	Clear Save	Return	

You may have noticed that certain pages on the Death Registration Menu are marked with either a red x, yellow caution sign or green checkmark.



These colored shapes are your indication as to which pages contain errors and which pages are complete.



For example, pages marked with a red arrow \times contain hard edits that must be corrected before registration can be completed.

Pages marked with a yellow error contain errors that can be overridden or errors that have already been overridden.

Pages marked with a green arrow contain no errors.

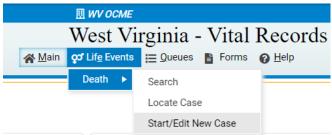
Once you have clicked the *Validate Page* button on any page the system will evaluate all pages and mark them accordingly with the red, yellow or green arrows.



Start/Edit New Case

Skills Learned: In these exercises you will learn how to use the Medical Certification pages of the **DAVE** application to process and certify a death record.

Exercise 1: Decedent Page



1. From the Main Menu, select Life Events -> Death -> Start/Edit New Case.

2. This will bring up the **Start/Edit New Case** page. Notice that **First:**, **Last:**, **Date of Death:**, **Sex:**, **Date of Birth:**, **Place of Death Location Type:** and **Place of Death** are all marked with red arrows(▶). Fields with a red arrow next to them are required entries and must be completed before you will be allowed to perform a search.

Death Start/Edit New Case		
Decedent's Information		
First:	Last:	Date of Death:
Sex:	SSN:	Date of Birth:
Case Id:	ME Case Number:	Medical Record Number:
Place of Death Location Type: County	✓ Place of Death:	
		👬 Search 🛛 🔙 Clea

Note: Before you will be allowed to create a new Death Record you must first search for an existing record. This is to prevent the creation of duplicate Death Records.



Death Start/Edit New Case			
Decedent's Information			
First: Thomas	Last:	Date of Death:	
Sex: Male 🗸	SSN:	Date of Birth:	
Case Id:	ME Case Number:	Medical Record Number:	
Place of Death Location Type: County	✓ Place of Death:		
			in Search Clear

3. Once you have filled in the required items, click the **Search** button to proceed or, if you need to, click on the **Clear** button to clear all entries and start over.

Death Sear	rch Results
There are	re no cases that match the criteria you have entered. If this is a new case, select the Start New Case button or select the New Search button to perform a new search.
	+ Start New Case A New Search

4. If no matching records are found, you will only be allowed to create a new record by selecting the **Start New Case** button or begin a new search by selecting the **New Search** button.

5. If you select the **Start New Case** button, a new case will be started and the **Decedent** page will be displayed

eath Search Re	sults					
Case Id	Decedent's Name 📤	Date of Death	Sex	Place of Death	Date of Birth	Preview
3364	Hood, Robin	NOV-09-2021	Male			Preview
					Т	otal Records : 1
					+ Start New Case	iii New Search

6. If a matching event was found, as would be the case when a medical certifier completes a record started by a funeral director, then select the underlined link in the **Decedent's Name** column.

Note: All of the column headers on the Results page are underlined links. Clicking on any of these links will resort the table data accordingly.

7. Once either the **Start New Case** or the **Decedent's Name** Link are selected the **Death Registration Menu** and **Decedent** page will be displayed. You can now begin the process of creating or completing a death registration.



The Death Registration Menu is displayed to the left and lists the Registration Pages.

Devin Registration Menu	1011 :User Guide DEC-07-2018 New Event/New Event/Not Registered/Uncertified/NA/Notification of Death
Personal Information Decedent	Decedent
Medical Certification	Will medical institution be responsible for final disposition? No •
Pronouncement Place of Death	Decedent's Legal Name
Cause of Death Other Factors	Prefix First Middle Other Middle Last Suffix
Injury	User Guide
Certifier	Decedent's Maiden Name
Other Links Comments	Last
Request Funeral Home	
Print Forms	Allases
Refer to Medical Examiner	Add/Edit Alias Names
Relinquish Case Request Medical Certification Transfer Case	Sex Social Security Number None O Unknown
	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes con Ventication Status
	DEC-07-1980 Age Verify SSN UNVERIFIED (0)
	Decedent's Birth Place
	City or Town County State Country United States

Notice also, that not all information displayed on the **Decedent** page can be changed by Medical Facility users. Items that are grayed out can only be completed when the medical facility is responsible for final disposition or by the funeral home.

Items in gray cannot be changed by Medical Facility users.

The Medical Certification user shall select the **Next** button to be taken to the first page of the Medical Certification portion of the Death record. This is the portion of the record the Medical Certifier is responsible for completing and certifying.



Exercise 2: Pronouncement

Skills Learned: In this exercise you will learn how to complete the Pronouncement page.

Under **Medical Certification** on the **Death Registration Menu** the Medical Facility user will need to fill out the **Pronouncement** page:

Death Registration Menu Personal Information Decedent Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Certifier	1011 :User Guide DEC-07-2018 New Event/New Eve
Other Links Comments Request Funeral Home Print Forms Refer to Medical Examiner Request Medical Certification Transfer Case	Validate Page Next Clear Save Return

1. Make a selection from the **Date of Death Modifier** dropdown list. If the actual date of death is known, select **Actual Date of Death**. If the date of death is questionable, then select **Approximate Date of Death**. If the date is determined by court, then select **Court determined date of death**. If the date is presumed, then select **Presumed Date of Death**. If it is known when the body was found but a date cannot be determined, then select **Found Date of Death**.

2. In the **Date of Death** calendar control enter the date on which death occurred. This is a mandatory field and must be completed for all death registrations. Even when actual date of death is not known. This field is required to start a new death record on **DAVE** and will most often already be completed based on the information entered to start the case.

3. Make a valid selection from the **Time of Death Modifier** control. If the actual Time of death is known, select **Actual Time of Death**. If the Time of death is questionable, then select **Approximate Time of Death**. If the Time is determined by court, then select **Court determined Time of death**. If the Time is presumed, then select **Presumed Time of Death**. If the Time is unknown, then select **Unknown Time of Death**. If it is known when the body was found but a Time cannot be determined, then select **Found Time of Death**.

4. In the **Time of Death** control enter the time death occurred. Be sure to make a valid selection from the **AM/PM** dropdown list.



5. Click the Validate Page button to check this page for errors, the Next button to proceed to the Place of Death page, the Clear button to clear all entries, the Save button to save changes without leaving this page, or the Return button to return to the Main Menu.



Exercise 3: Place of Death

Skills Learned: In this exercise you will learn how to complete the Place of Death page.

Death Registration Menu Personal Information Decedent	1011 :User Guide DEC-07-2018 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death Place Of Death
Medical Certification Pronouncement Place of Death Cause of Death	Type of place of death Other Specify
Other Factors Injury Certifier Other Links	Address Pre Street Number Directional Street Name or PO Box, Rural Route, etc. Tot Manning Tot V Manning
Onter Links Comments Request Funeral Home Print Forms Refer to Medical Examiner Relinquish Case	Zip Code City or Town County State Country 197215 Portland Washington Oregon United States
Request Medical Certification Transfer Case	Validate Page Next Clear Save Return

1. From the **Type of Place of Death** dropdown list, select the type of place that best matches the location where death occurred.

Place Of Deat	h		
Type of place of	death	•	Other
Facility Name	UNC H	inpatient	
Address		ER/Outpatient DOA	
Street Number	Pre Direc	Hospice Facility Nursing Home/Long term care facility Decedent's Home Other (Specify)	e, etc.
Zip Code	City o		

2. The **Facility Name** and **Address** are system filled with the facility information the Medical Certifier has logged in under. Depending on the **Type of Place of Death** selected this information can be updated.

If *Other (specify)* is selected from the *Type of place of death* dropdown, the facility name. (if known or applicable), and address fields should be manually entered. The facility name field can be left blank.

Personal Information Decedent	/New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death Place Of Death
Medical Certification	Type of place of death Other (Specify) Other Specify
Pronouncement Place of Death	Facility Name
Cause of Death Other Factors	Address
Injury Certifier	Pre Pre Street Number Directional Street Name or PO Box, Rural Route, etc. Designator Directional Suite #,etc
Other Links	
Comments Request Funeral Home Print Forms	Zip Code City or Town County State Country
Refer to Medical Examiner Relinquish Case	Medical Record Number
Request Medical Certification Transfer Case	Validate Page Next Clear Save Return



Page 30 of 76 LexisNexis VitalChek Network, Inc. Proprietary and Confidential Information (c) 2017. All rights reserved. For all other Type of Place of Death dropdown selection, the Place of Death can be entered manually or the LOV Lookup \bigcirc icon can be used to launch the Lookup Place of Death search tool.

2. Use the **Lookup** control \bigcirc to search for and select the actual facility where death occurred. The Lookup Place of Death Facility pop-up search box is displayed.

E Lookup Place Of	Death Facility		×
Facility Name		Search	*
			Cancel

Enter search criteria into the facility name field. A wildcard (%) can be used to search in this field. From the search results list, click the **Select** link to add the Place of Death facility.

📄 Lookup Place Of Death F	acility			×
Facility Name JUNC%		Search	h	^
Facility Name	Address	City		
UNC Health Care	101 Manning Drive	Portland	select	
		То	tal Records : 1	
			Cancel	

4. Click the Validate Page button to check this page for errors, the Next button to proceed to the Cause of Death page, the Clear button to clear all entries, the Save button to save changes without leaving this page, or the Return button to return to the Main Menu.



Exercise 4: Cause of Death

Skills Learned: In this exercise you will learn how to complete the Cause of Death page.

1. The **Cause of Death** page is somewhat unique in that it consists primarily of text boxes. Using the text boxes enter the cause(s) of death, the interval onset to death and any other contributing factors.

	1011 :User Guide DEC-07-2018			
Death Registration Menu	/New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death			
Personal Information	Cause of Death			
Decedent				
Medical Certification	NCHS Recommendations for Entry of Cause of Death			
Pronouncement	Enter the chain of events- diseases, injuries, or complications- that directly caused the death, DO NOT enter terminal events such as cardiac arrest,			
Place of Death	respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE line. Add additional lines if necessary.	. Enter only one cause on a		
Cause of Death	,			
Other Factors	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury the in death) LAST.	hat initiated the events resulting		
Injury		Approximate Interval		
Certifier	Cause of Death	Onset to Death		
Other Links	Immediate Cause (Final disease or condition resulting in death)			
Comments	PARTI			
Request Funeral Home	Line a			
Print Forms				
Refer to Medical Examiner	Due to or as a consequence of			
Relinquish Case Request Medical Certification	ACC			
Transfer Case	Line b			
Hansier Gabe				
	Due to or as a consequence of			
	AC .			
	Line c			
	Due to or as a consequence of			
	ABC.			
	Line d			
		ABC		
	PART II	×		
	Other significant conditions			
	Validate Page	Next Clear Save Return		

2. For help in completing this page, click on the **NCHS Recommendations for Entry of Cause of Death** link. A dialog will open (shown below) with instructions for completing the **Cause of Death** page.



NCHS Recommendations for Entry of Cause of Death

A death certificate is a permanent record of the fact of death of an individual. It provides important personal information about the decedent and about the circumstances and cause of death. Information on cause of death is important to the family to bring closure, peace-of-mind, and to document the exact cause of death. Cause of death is also used for medical and epidemiological research on disease etiology and evaluating the effectiveness of national and international levels.

×

Physician's responsibility

The physician's primary responsibility in completing the cause-of-death section is to report to the best of his or her knowledge, based upon available information, the causal chain that led to the death. The causal chain should begin with the cause that was closest to the time of death and work backwards to the initiating condition which is called the underlying cause of death. For example, the physician might report a death for which staphylococcus pneumonia occurs closest to the time of death; however the physician also reports that the pneumonia is due to carcinoma metastatic to both lungs, which in turn, is due to poorly differentiated adenocarcinoma, unknown primary site.

Medical examiner/coroner's responsibility

The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.

General instructions for completing cause of death

- Cause-of-death information should be your best medical opinion.
- List only one condition per line in Part I. Additional lines may be added as needed.
- Each condition in Part I should cause the condition above it.
- Abbreviations and parentheses should be avoided in reporting causes of death.
- Provide the best estimate of the interval between the presumed onset of each condition and death.
- The original death certificate should be amended if additional medical information or autopsy findings become available that
 would change the cause of death originally reported.

Eas deaths sourced by injury as paisoning, complete only if the medical exeminer as easones instructed you to do as



3. The **Cause of Death** page consists of two parts:

	Immediate Cause (Final disease or condition resulting in death)
PART I Line a	
Line a	ABC
	Due to or as a consequence of
Line b	
Line D	ABC
	Due to or as a consequence of
Line c	
Line c	ABC
	Due to or as a consequence of
Line d	
Line u	ABC

Part 1 is for reporting the chain of events leading directly to death. The *Immediate Cause*, (the final disease, injury, or complication directly causing death), is listed on *line a*. The underlying cause(s), (chain of events that led to the immediate cause), is listed in *lines b* through *d*.

Approximate Interval Onset to Death: To the right of each of the lines *Part 1* there is a corresponding *Approximate Interval Onset to Death* field. For each cause listed in *Lines a-d* an *Approximate Interval Onset to Death* must also be completed. While every line on the *Cause of Death* form will not necessarily be used for all deaths, lines that are used must be filled in sequentially.





Part 2 is for reporting all other significant diseases, conditions, or injuries that contributed to death.

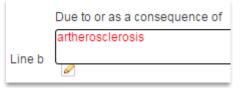
PART II Other significant conditions	ABC
	÷

Spell Check functionality is available for *Cause of Death lines a-d* and the *Other significant conditions* field.

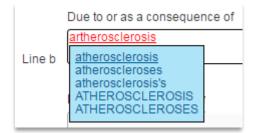
1. After making an entry, select the Spell Check icon located below the line.

Due to or as a consequence of		
	artherosclerosis	-
Line b	ABC	-

2. DAVE[™] will check all phrases entered and highlight any misspelled entries.



3. Select the highlighted word. A list of possible corrections is displayed. Select an option from the list to replace the misspelled word.



4. Upon correction of all misspelled entries in a line, the Spell Check icon will be replaced with a Corrected icon.

Due to or as a consequence of	
Line b	atherosclerosis
Line b	0

5. Click the Validate Page button to check this page for errors, the Next button to proceed to the Other Factors page, the Clear button to clear all entries, the Save button to save changes without leaving this page, or the Return button to return to the Main Menu.



Exercise 5: Other Factors

Skills Learned: In this exercise you will learn how to complete the Other Factors page.

1. The **Other Factors** page contains any other information relevant to the death: **Autopsy Performed**, **Tobacco Use**, etc...

	North Carolina - Center for Health Statistics lication for Vital Events (DAVE)		
Death Registration Menu	1011 :User Guide DEC-07-2018	1207 Sec. 127	
Personal Information Decedent	New Event/New Event/Not Registered/Unsigned/Uncentfield/AANoble Other Factors	abon of Oeath	
Medical Cartification	Autopsy Performed	•	
Pronouncement Place of Death Cause of Death	Autopsy findings available to complete cause of death If decedent was female, was decedent pregnant within the last year?	* Not Applicable	*
Other Factors Injury Certifier	Did tobacco use contribute to death Manner of Death	•	
Comments Comments Request Funeral Home Print Forms Refer to Medical Examiner Refers to Medical Examiner Request Medical Certification	Was Medical Examiner or Coroner contacted?	umber [Validate Page Next Clear Save Return

2. From the Autopsy Performed dropdown list select either Yes or No, accordingly. If Yes is selected from Autopsy Performed, then make a selection from the Autopsy findings available to complete cause of death dropdown list, also.

Death Registration Menu	1011 :User Guide DEC-07-2018
	/New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death
Personal Information	Other Factors
Decedent Medical Certification	Autopsy Performed Yes V
Pronouncement	Autopsy findings available to complete cause of death No
Place of Death Cause of Death	If decedent was female, was decedent pregnant within the last year? Not Applicable
Other Factors	Did tobacco use contribute to death
Injury Certifier	Manner of Death
Other Links	Was Medical Examiner or Coroner contacted? ME Case Number
Comments Request Funeral Home Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case	Validate Page Next Clear Save Return

3. If decedent is female, make a selection from the **If Female**, **specify pregnancy status** dropdown list. If male or undetermined, the field will be greyed out and system filled with Not Applicable.

Death Registration Menu Personal Information Decedent Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Certifier Other Links Comments Request Funeral Home Print Forms Refer to Medical Examiner Relinguish Case	1011 :User Guide DEC-07-2018 /New Event/New Event/Net Registered/Unsigned/Uncertified/NA/Notification of Death Other Factors Autopsy Performed Autopsy findings available to complete cause of death No If decedent was female, was decedent pregnant within the last year? Not Applicable Did tobacco use contribute to death Manner of Death Was Medical Examiner or Coroner contacted? ✓ ME Case Number Validate Page Next Clear Save
Relinquish Case Request Medical Certification Transfer Case	

4. Finish the page by making selections from the remaining dropdown lists. Include the **ME Case Number** if **Was Medical Examiner or Coroner contacted** was answered **Yes**.



5. Click the Validate Page button to check this page for errors, the Next button to proceed to the Injury page, the Clear button to clear all entries, the Save button to save changes without leaving this page, or the Return button to return to the Main Menu.



Exercise 6: Injury

Skills Learned: In this exercise you will learn how to complete the Injury page.

1. The **Injury** page, shown below, will only be completed if the manner of death, selected on the **Other Factors** page, was anything other than Natural.

Death Registration Menu	1011 :User Guide DEC-07-2018
Deam Registration Menu Personal Information Decedent Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Certifier Other Links Comments Request Funeral Home Print Forms Refer to Medical Examiner Refinguish Case Request Medical Certification Transfer Case	/New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death Injury ME Case Number Date of Injury Image: State of Injury Image: State of Injury at Work Place of Injury at Nome, Other Place of Injury at Nome,
	farm, street, factory, office, building, etc. ▼ Specified Place Injury Location Pre Street Number Directional Street Name or PO Box, Rural Route, etc. Post Apt #, Directional Suite #,etc. V V V V Zip Code City or Town Country State Country Image: Country Country Image: Country Country V V V
	Describe how injury occurred: If transportation injury, Specify Other Specify Validate Page Next Clear Save Return

All non-natural manners of death should be completed and reported ONLY by the Medical Examiner or Tribal Law Enforcement Authority. The Medical Certifier is not given access to select any other Manner of Death except Natural and therefore will not complete the Injury page.

For Medical Examiners and Tribal Law Enforcement Authority:

2. Place date fatal injury occurred in the **Date of Injury** control, without respect to actual date of death. Select the appropriate **Date of Injury Modifier**.

3. Place time fatal injury occurred in the **Time of Injury** control, without respect to actual time of death. Select the appropriate **Time of Injury Modifier**.

4. If injury occurred on the job, select **Yes** from the **Injury at Work** dropdown list.

5. Make a selection from **Place of Injury** dropdown list.

6. Complete the **Injury Location** tab by providing the address at which fatal injury occurred.

7. Provide the circumstance surrounding the injury in the **Describe how injury occurred** text box control.

9. If fatal injury was the result of a transportation mishap, then make a selection from the **If Transportation Injury, specify** dropdown list. If **Other** is selected from the list, then



complete the **Other Specify** text box control. If injury is not transportation related then leave both of these controls blank.

10. Click the **Validate Page** button to check this page for errors, the **Next** button to proceed to the **Certifier** page, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Main Menu**.



Exercise 7: Certifier

Skills Learned: In this exercise you will learn how to complete information relative to the person certifying the death.

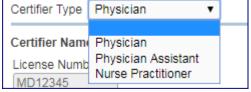
1. The **Certifier** page, shown below, is used to gather information on the person legally responsible for providing the decedent's cause of death.

If the current user is a medical certifier, then the **Certifier** controls will be system filled with the user's information. If it is necessary to change the certifier information, as would be the case when one certifier was keying the case on behalf of another, then select the **Lookup**

icon ^Q and select the appropriate certifier. If the user is not a medical certifier then the **Certifier** controls will be blank upon initial display of the certifier page.

Death Registration Menu	1011 :User Guide	DEC-07-2018 Registered/Unsigned/Uncer	tified/NA/Notification	of Death		
Personal Information	Certifier	Tregistered/onsigned/oncer	uneur a viao une autor	TO Death		
Decedent						
Medical Certification	Certifier Type Physician 🔻					
Pronouncement Place of Death	Certifier Name 🔍 🔌					
Cause of Death	License Number					
Other Factors	MD12345					
Injury Certifier	First	Middle	Last		Suffix	
Other Links	Agrand	Medical	Doctor		Sullix	1
Comments		Other Specify	Doctor			J
Request Funeral Home	Doctor of Medicine	Other Specify				
Print Forms	Doctor of Medicine +					
Refer to Medical Examiner	Certifier Address					
Relinquish Case Request Medical Certification	Edit Certifier Address					
Transfer Case	Pre			Street	Post	Apt #,
		al Street Name, Rural Route	, etc.	Designator		al Suite #,etc.
	101 🔹	Manning		Drive	▼	
	Zip Code City or Tov	wn Sta	te	Country		
	97215 Portland	Or	egon	United States		
	Date Signed					
					s	ave/Validate Page Clear Return

2. Make a selection from the **Certifier Type** dropdown list. **Certifier Type** represents the role the certifier played in completing the case.





3. To update or add a certifier, select the **Lookup** icon ^Q next to Certifier Name. The Lookup Certifier popup will be displayed.

×
4
:el
C

Enter the Certifier's last name and select search. A wildcard (%) can be used to search in this control.

ast Name I docto	or		First Name	9		Search	
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
123	Doctor		A	Good	123	Some	select
						Total Recor	rds : 1

4. Click the **Select** link to auto-populate **Certifier Name** and **Certifier Address** tab controls.

5. The **Certifier Address** is system filled with a medical facility address or the office address from the physician table. Sometimes it may be necessary to change this address, as would be the case when a physician works from multiple offices. To change the **Certifier Address**, select the **Edit Certifier Address** checkbox. The address will be cleared and the controls enabled to allow new address entry.

Certifier Address		
Edit Certifier Address 🗹		
Street Number Directional Street Name, Rural Route, etc.	Street Designator	Post Apt #, Directional Suite #,etc.
Zip Code City or Town State	Country	

5. The **Date Signed** control will be system filled upon successful **Affirmation** by the certifier.



6. Click the **Save/Validate Page** button to check this page for errors, the **Clear** button to clear all entries, or the **Return** button to return to the **Main Menu**.

Note: If the case does not have a status of Medical Valid or Medical Valid with Exceptions (all page indicators are green or yellow), the affirmation section won't be displayed.

7. Upon clicking on **Save/Validate Page** button, if the case has a status of Medical Valid or Medical Valid with Exceptions, system will display the affirmation section at the end of the Certifier Page

Certifier Type M Certifier Name	edical Examiner 🔻				
License Number MD56789]				
First Thestate	Middle	Last		Suffix	
Title Doctor of Medic	Other Specify	Examiner			
Certifier Address Edit Certifier Ad					
	Pre Directional Street Name, Ru Moye	ral Route, etc.	Street Designator Boulevard	Post Apt #, Directional Suite #	
	ity or Town Rose City Park	State Oregon	Country United States	3	3. Select Certi
ect the Checkl rtify	boxes				
				Save/Validate Page	Clear D Return
Click the chec	IS READY TO BE CEI skbox and press the cer based on examination and/u ue to the cause(s) and man death occurred at the time,	tify button or investigation, in my op ner stated.		t the time, date,	
,,					Certify

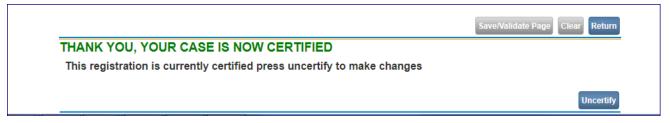
An affirmation is used to record the fact that the medical certifier is accepting legal



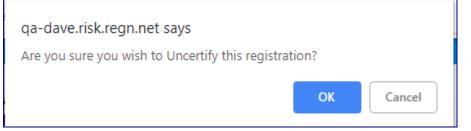
2. to responsibility for the accuracy of the information provided. In many jurisdictions these are legally binding statements made under the penalty of perjury.

8. To **Certify** a death record, place a checkmark in the **Certify the following:** checkbox and click the **Certify** button

9. Once the case is certified, System will display the message "Thank You, Your Case is now certified



10. To Uncertify the page, Click on the **Uncertify** button and select Ok from the pop up



11. To Certify again, Click on Save/Validate Page button



Exercise 8: Locate Case

Skills Learned: In this exercise you will learn how to locate cases in the **DAVE** system. Please note that, when searching for existing cases, only those records "owned" by the user or facility currently using the application will be returned.

The Locate Case page is used by data providers such as funeral directors, physicians and medical examiners to locate registered and unregistered cases 'owned' by the office to which the current user is associated and logged in under. These cases can be opened for review or editing purposes for a jurisdictionally defined period of time even after they have been formally registered.

Lif <u>e</u> Eve	nts
Death .	Locate Case
Tecnnic	Start/Edit New Case

1. From the DAVE Main Menu, select Life Events -> Death -> Locate Case:

2. The Locate Case page offers many different identifiers on which to base a search. While there is no minimum requirement on the number of identifiers to use, it is recommended that as much information be included as possible. This will help to narrow your search results.

Death Loca	ate Case					
Decedent's	Information					
First:		Last:		Date of Death:		
Sex:	T	SSN:		Date of Birth:		
Case Id:		ME Case Number:		Medical Record Number:		
Place of Dea	Place of Death Location Type: County ▼ Place of Death:					
					Search Soundex Clear	



3. In the example below, we are searching only on **Last** name. Enter the decedent's last name as 'Test' and selecting the **Search** button.

Death Locate Ca	se					
Decedent's Inforr	nation					
First:		Last:	Guide	\supset	Date of Death:	
Sex:	T	SSN:			Date of Birth:	
Case Id:		ME Case Number:]	Medical Record Number:	
Place of Death Loca	ation Type: County	Y	Place of Death:			
						Search Soundex Clear

4. Searching on Last name only returns the following results:

ath Search Ro	esults					
Case Id	Decedent's Name ↓	Date of Death	Sex	Place of Death	Date of Birth	
1011	Guide, User	DEC-07-2018	Male	Washington	DEC-07-1980	Preview
						Total Records : 1

5. The **Death Search Results** page is used to retrieve records that have been started and need to be reviewed/edited. However, in the example above, there are 1 potential matching records. Locate and click the **Preview** link in the far right column of the **Results** window. Clicking on this link will open a preview pane that provides a brief summary of the record.

Case Id	Decedent's Name ↓	Date of Death	Sex	Place of Death	Date of Birth			
1011	Guide, User	DEC-07-2018	Male	Washington	DEC-07-1980	Selec		
						Total Records : 1		
						New Sear		
eview								
ile Number:	File Date:							
ase Id: 1011	Medical Record Num	Medical Record Number: 314234312		ME Case Number:				
Decedent's Name: User Guide		Date of	Date of Death: DEC-07-2018					
pouse's Name:	Marital Status:							
ex: Male	Date of Birth: DEC-0	Date of Birth: DEC-07-1980		SSN:				
ity or Town of De	ath: Portland		County	County: Washington				
lace of Death: U	NC Health Care							
esidence: North	Carolina, United States							
lother's Maiden N	lame:							
uneral Director:								
uneral Home:								
ledical Certifier:	Agrand Medical Doctor							
ate Entered: DE	C-07-2018		Last IIn	date Made By: Agrand Media	al Doctor			

9. If, after examining the preview pane, you are confident that you have located the desired record, then click on the decedent name link in the **Decedent's Name** column to open the record for review and/or editing.

10. With the record open, it can now be reviewed and/or edited.



Death Registration Menu	1011 :User Guide DEC-07-2018
Personal Information × Decedent	/Personal Invalid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Notification of Death/FIPS Coding Required/Personal Pending/Certification Required Decedent
Medical Certification	Will medical institution be responsible for final disposition? No 🔻
Pronouncement Place of Death Cause of Death Other Factors Injury	Decedent's Legal Name Prefix First Middle Other Middle Last Suffix User User Guide Other Middle Control of the Middle
✓ Certifier Other Links	Decedent's Maiden Name
Comments Request Funeral Home Print Forms	Last Aliases
Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case	Add/Edit Alias Names Sex Social Security Number Male Vince Unknown
	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Hours SSN Verification Status DEC-07-1980 Age Verify SSN
	Decedent's Birth Place City or Town County State Country United States
	Ever in US Armed Forces?
	Validate Page Next Clear Save Return

11. Another feature of the Locate Case page is the Soundex button. Using Soundex you can locate records even when you are unsure of the spelling of the decedent's name. In the example below, we have misspelled "User Guide" as "Usserr Guidde". However, clicking the Soundex button instead of the Search button...

Death Lo	ocate Case				
Deceder	t's Information				
First:	Usserr	Last:	Guidde	Date of Death:	
Sex:	T	SSN:		Date of Birth:	
Case Id:		ME Case Number:		Medical Record Number:	
Place of [Death Location Type: Coun	ty 🔻	Place of Death:		
					Searci Soundex Jear

Which produces the exact same search results as if we would have searched for User Guide.

Remember, only those records "owned" by the current user's facility will be returned.



Other Links

Exercise 1: Print Forms - Working Copy

Skills Learned: In this exercise you will learn how to send working copies of a completed death certificate to an installed printer.

Note: The ability to print Work Copies is based on user security privileges. Typically, Physicians, Medical Personnel, Funeral Directors, and Medical Examiners will be allowed to print Working Copies.

1. Select Death Registration Menu -> Other Links ->Print Forms.

Death Registration Menu Personal Information X Decedent Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Certifier Other Links Comments Request Funeral Home Print Forms Refer to Medical Examiner Relinquish Case Transfer Case	1011 :User Guide DEC-07-2018 /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/Notification of Death/FIPS Coding Required/Personal Pending Print Forms Drop to Paper Medical Working Copy Long Retu	um
Transfer Case		

2. Select the **Working Copy Long** for printing. Depending on which browser you are accessing DAVE within you will get different options for opening and printing the working copy.

Internet Explorer - Displays the following message:



Select the Open link and the PDF of the Working Copy will be displayed.

<u>Google Chrome</u> - Displays a downloaded document link in the lower left corner of the browser.



Select the download link and the PDF of the Working Copy will be displayed.



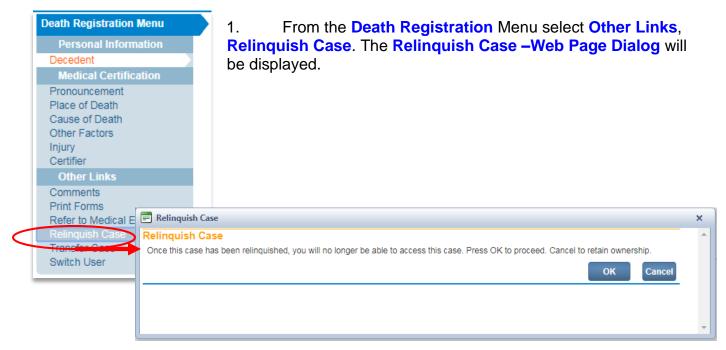
			NORT	TH CAROLIN	N.C. \	ENT OF HEAL /ITAL RECORI CATE OF [os	UMAN SERVICES	FILE NO.	
BLACK OR BLUE INK	DECEDENT'S LEGAL NAME 1a. FIRST User aka 2. SEX 13a. AGE-LAST	1b. MID +++++ aka 3b. UNDER 1		B - B	DATE OF BI	1c. LAST Guide aka			1d. SUFFIX ***** aka	1e. LAST NAME PRIOR TO FIRST MARRIAGE Ity) (6. DATE OF DEATH
	Ale 38 7a. PLACE OF DEATH			Minutes	December	07, 1980	•••••, •		r Foreign Coun	December 07, 2018
	Inpatient 7c. COUNTY OF DEATH Washington	8.	MARITAL STATU		alth Care	9. SURV	VING SP(OUSE (Give name prior	to first marriag	₂ e)
	10a. DECEDENT'S USUAL OF 12a. RESIDENCE-STATE OR			D OF BUSIN	IESS/INDUST	TRY 125. RESIDE	NCE-CO	UNTY	NUMB	
	North Carolina 12d. RESIDENCE-STREET A	ND NUMBER		_	12e.	*****	limits	12f. ZIP CODE		AS DECEDENT EVER IN U.S. MED FORCES?
PARENTS	14. DECEDENT'S EDUCATIO Unknown 17. FATHER/PARENT NAME (EDENT OF I	HISPANIC OR			16. DECEDENT'S RAC	_	Prior to First Marriage, Suffix)
	19a. INFORMANT'S NAME Unknown					19c. MAILING		S (Street and Number,		
DISPOSITION	20a. METHOD OF DISPOSITI 21a. SIGNATURE OF FUNER		20b. F			(Name of ceme 21b. LICENSE			***	City or Town and State) 21d. LICENSE NO.
	22. NAME AND ADDRESS OF	FUNERAL HOME								
MEDICAL CERTIFICATION	 Part I. Enter the <u>chain of en</u> respiratory arrest, or ventri IMMEDIATE CAUSE (Final disease or condition resulting in death) 		hout showing the		lines b, c and		y one caus	se on a line. DO NOT A		Approximate interval: Onset to death for IMMEDIATE CAUSE Test
RIAL/CREMATION PERMIT ac: Autorizator for Especial on fransportation assortants correlates a sub-orty for manamentario corrected and anti-orty for unasportation or removal from the state.	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	6			Duet	o (or as a cons o (or as a cons	equence	of)		
BURIAL/CREMATION miser: Authorizator for Dia tical examiner completes an inclusion authorizator, ito form, transportator or remov- form serves as a Burial/Or	PART II. Other significant cause given in PART I.							24a. WAS AN AUTO PERFORMED Yes	n To No	ERE AUTOPSY FINDINGS AVAILABLE D COMPLETE THE CAUSE OF DEATH?
BUF Seal Examine at permitoren at cremation. py of his form	25. MANNER OF DEATH	26. WAS CASE F TO MEDICAL	EXAMINER?	7. TIME OF I (Approxim		DID TOBACCO CONTRIBUTE	USE TO DEAT	1? 29. PREGNANCY S		PLIES:



Exercise 2: Relinquish Case

Once a Physician, Medical Examiner or Funeral Home Director has taken "ownership" of a record no other similar user will be allowed "write access" to the record. That is, only the medical facility, physician's office, medical examiner office, or funeral home director that "owns" the record can make changes to the record.

The **Relinquish Case** link allows a user to relinquish control of the record so that a different user can login and make changes.



2. From the **Relinquish Case – Web Page Dialog**, select **OK** to relinquish control or **Cancel** to retain ownership of the record.



Exercise 3: Transfer Case

From time to time, it may be necessary for a facility such as a Funeral Home or Hospital to transfer ownership of a case to another, similar facility. For example, if the decedent had multiple survivors and burial arrangements were made at multiple sites, one of those sites might have to transfer ownership of the case to the one, appropriate site.

In this case, the transferring home would use the **Transfer Case** page to relinquish ownership to the firm responsible for interment.

1. From the **Death Registration Menu**, select **Other Links -> Transfer Case**.

Notice, that on the **Transfer Case** page there are two options: **Transfer Personal Ownership** and **Transfer Medical Ownership**.

The **Transfer Case** page, shown below, can be used by both Funeral Home personnel and Medical Facility personnel.

Medical Facility staff would not be able to transfer **Personal Ownership**, but would be able to transfer **Medical Ownership**.

Personal Information Tra X Decedent Medical Certification Pronouncement Place of Death Cause of Death Other Factors Injury Other Links T	11 :User Guide DEC-07-2018 Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/Notification of Death/FIPS Coding Required/Personal Pending ansfer Case Transfer Personal Ownership To: Invalid Medical Ownership To: INC Health Care Ressand The following case has been transferred to your facility: Case Id 1011 – User Suide, Date of Death: DEC-07-2018 referred by UNC Health Care Clear Save
--	---

Since we are logged in as a Medical Certifier we will transfer **Medical Ownership** in the example below.

There are two types of ownership: Personal, which is controlled at the Funeral Home, and Medical, which is controlled by the governing medical facility. Each option's availability is dynamically controlled based on user security profile.

2. To **Transfer Medical Ownership**, place a checkmark in the **Transfer Medical Ownership To:** check box.



3. Next, select the \bigcirc Lookup Icon to display the Lookup office to transfer medical ownership to popup search tool.

4. Enter a facility name in the facility name search field and then select the Search button. Wildcards (%) may be used to search in this field.

Death Registration Menu		DEC-07-2018 /alid/Not Registered/Unsigned/Certified/NA/Notif	ication of Death/EIPS Codi	ng Doguirod/Porcor	al Ponding					
Personal Information		Transfer Case								
× Decedent										
Medical Certification	Transfer Personal Own	Transfer Personal Ownership To:								
Pronouncement Place of Death Cause of Death Other Factors	Transfer Medical Owner	rship To:								
✓ Injury	UNC Health Care	Q 								
✓ Certifier	Message									
Other Links		en transferred to your facility: Case Id 1011 – Us	or							
Comments Request Funeral Home Print Forms Refer to Medical Examiner Relinquish Case Transfer Case	Guide, Date of Death: DEC	ookup office to transfer medical ownership t	1	Search		×	Save Return			
	T de			Search						
	Fe	acility Name	Address	City						
	Ed	dgecome County Medical Examiners Office	321 Med Ex Avenue	Greenville	select					
	N	orth Carolina State Medical Examiner	600 Moye Boulevard	Rose City Park	select					
				Total Rec	ords : 2					
					Cancel	Ŧ				

5. From the search results list, click on the **Select** link next to the facility the **Medical Ownership** should be transferred to.

1011 :User Guide DEC-07-2018	
/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/Notification of Death/FIPS Coding Required/Personal Pending	
Transfer Case	
Transfer Personal Ownership To:	
Q, ∑ .	
Transfer Medical Ownership To:	
North Carolina State Medical Examir 🕓 🜭	
Message	
The following case has been transferred to your facility: Case Id 1011 – User Guide, Date of Death: DEC-07-2018 referred by UNC Health Care	
Clear Save Return	rn

4. Finally, select **Clear** to clear all entries and begin again, **Save** to save your changes and transfer ownership of the record, or **Return** to leave this page without saving your changes and return to the previous page.

Note: the Message box is pre-filled and can be left as is, edited, or deleted and replaced entirely.



Exercise 4: Request Medical Certification

Request Medical Certification assigns the ownership of the *Medical Information* to the selected medical facility.

The Request Medical Certification link is available based on user security privileges and is suppressed if the case already has a medical owner.

Steps to Request Medical Certification

1. From the Death Registration Menu select Other Links > Request Medical Certification

Other Links	
Comments	
Refer to Medical Examiner	
Relinquish Case	
Request Medical Certification	
Transfer Case	
Trade Calls	

2. The **Request Medical Certification** page will display

Request Medical Certification	
Certifier Information	
Certifier Name: 💦 💊 💁	
Facility/Office Name: 🔉 🔦 📐	
First Name: Middle Last Office:	
Message Please complete the medical certification for: Case Id: 1030 - Test sdfgsd, Date of Death: JAN-24-2019. Time of Death: https://or- vitaleventstest.hr.state.or.us/overstest/	
	Clear Save Return

- 3. Select the Lookup icon \bigcirc next to Certifier Name to access the Lookup Certifier page.
- Enter in the Last and First Name of the certifier; if known. If not known a wildcard search can be performed by entering at least two characters in the Last name field followed by the percent sign (%).



ast Name 🛛 %			First Na	me		Search	
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
654987321	Certifier	MD	Medical	Certify	321	Med Cert	select
MD-555444	Certifier	IV	Medical	Test	123	Main	select
MD12345	Doctor		Agrand	Medical	123	Main	select
						Total Recor	ds:3

5. From the Search Results List Select the link next to the correct Certifier.

The list of certifiers available from the Certifier Lookup dialog box will be filtered to include only those data providers that have been configured to sign death certificates and are valid (i.e., current) users of the DAVE[™] application.

6. Selection of a certifier will close the LOV search page and populate the certifier's name fields on the **Request Medical Certification** page.

Request Medical Certification	
Certifier Information	
Certifier Name: 💦 🖳 📐	
Facility/Office Name: 🗸 💊	
First Name: Medical Middle Certify Last Certifier Office:	
Message Please complete the medical certification for: Case Id: 1030 - Test sdfgsd, Date of Death: JAN-24-2019. Time of Death: https://or- vitaleventstest.hr.state.or.us/overstest/	
Clear Sa	ve Return

- 7. Select the Lookup icon <a> next to Faciity/Office Name to access the Lookup Medical Facilities page.
- 8. In the Faclity Name field, if known, enter the full name of the facility and choose Search.



E Lookup Medical Facilitie	s			×
Facility Name > %		Searc	h	-
Facility Name	Address	City		
UNC Health Care	101 Manning Drive	Portland	select	
		Т	otal Records : 1	
			Cancel	-

If the full name of the facility is not known, enter %, then select search to perform a wildcard search.

- 9. A list of available facilities will be returned. Select the **Select** link next to the correct facility in the list.
- 10. Selecting a facility will close the LOV search page and populate the **Office** name in the *Certifier Information* section of the **Request Medical Certification** page.

Request	Medical Certification
Certifier I	nformation
Certifier I	Name: 🔋 💊 💁
Facility/O	ffice Name:, 🔍 📐
First Name Middle Ce Last Certii	rtify
Office: U	NC Health Care
Message	Please complete the medical certification for: Case Id: 1030 - Test sdfgsd, Date of Death: JAN-24-2019. Time of Death: https://or- vitaleventstest.hr.state.or.us/overstest/

- 11. The **Message** text entry box is system-filled with information related to the case and the request for medical certification. Additional information may be added if needed.
- 12. Once all items are completed select the *Save* button to save changes and forward the request the selected certifier.



- 13. When **Save** is selected:
 - The Request Medical Certification page refreshes with all fields disabled except the *Return* button. This allows the user to review the message sent while simultaneously preventing the user from inadvertently saving and sending a new message.
 - An internal message and external email requesting medical certification are sent to the physician and facility to which the request is being made.
 - The ownership of the Medical Information is assigned the medical facility to which the request was selected to be sent.
 - A status of "Medical Certification Requested" is assigned to the record.

Selecting Clear will clear all information that has been entered on the page. Selecting Return will return the user to the last page they took action on.

1030 : Test sdfgsd JAN-24-2019 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death/Medical Certification Requested				
Request Medical Certification				
Certifier Information				
Certifier Name: 💦 💊 📐				
Facility/Office Name:, 🔍 📐				
First Name: Medical Middle Certify Last Certifier Office: UNC Health Care				
Message Please complete the medical certification for: Case Id: 1030 - Test sdfgsd, Date of Death: JAN-24-2019. Time of Death: https://or- vitaleventstest.hr.state.or.us/overstest/				
Clear	ave			

Exercise 5: Refer to the Medical Examiner

In most jurisdictions, any death that is thought to be the result of an accident, suicide, homicide or any death that occurred in a suspicious or unusual manner, must be referred to a medical examiner (ME)



. The *Refer to Medical Examiner* feature is used by funeral directors, medical data providers, and vital record offices to refer such deaths to a medical examiner.

Additionally, DAVE[™] edit rules check the cause of death entries for "referral" terms that may require review by an ME. Referral terms are terms such as accident, trauma, fall, poisoning, etc. When an edit rule fails due to the use of a referral term, an error message will be displayed advising that the case should be referred to a medical examiner.

Access to the Refer to Medical Examiner page is dependent upon user security privileges.

1. From the Death Registration Menu, select *Other Links > Refer to Medical Examiner*.

Other Links
Comments
Remove Certifier From
Case
Print Forms
Refer to Medical Examiner
Relinquish Case
Transfer Case
Validate Registration

The *Refer to Medical Examiner* link will be hidden from funeral home users and medical data providers if the case has a status of Registered or Dropped to Paper.

2. The **Refer to Medical Examiner** page will display and the **County** field will be pre-filled according to the county listed on the **Place of Death** page.

4000 T ()						
1030 : lest sd	fgsd JAN-24-2019					
/New Event/New Eve	/New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Notification of Death/Medical Certification Requested					
Refer To Medical	Examiner					
County •	Washington					
Office ,	Q 💊					
Medical Examiner	Q ∑					
Message	Please review Case Id: 1030 - Test sdfgsd, Date of Death: JAN-24-2019 referred by UNC Health Care. Time of Death: https://or- vitaleventstest.hr.state.or.us/overstest/					
Clear Save Return						

- 3. Select the LOV lookup tool \bigcirc to search for the medical examiner office.
- 4. In the Faclity Name field, enter the full name of the facility, if known, and select the Search button.



If the full name of the facility is not known, **enter at least two letters followed by the %**, then **select search** to perform a wildcard search.

5. A list of available facilities will be returned. Select the **Select** link next to the correct facility in the list.

6. The selection system-fills the office selected on the **Refer to Medical Examiner** page.

7. The **Message** displayed is system filled and contains information related to the case being referred. The user making the referral may add additinonal information if needed.

8. Once all items are completed, selecting **Save** will:

- Assign a *Referred to ME* and *ME Review Required* status to the case.
- Send an internal message and external email to the selected Medical Examiner office.
- Disable all fields on the *Refer to Medical Examiner* page to prevent a duplicate message from being sent.

Selecting Clear will clear all information that has been entered on the page. Selecting Return will return the user to the last page they took action on.



Exercise 6: ME Review Case

Skills Learned: In this exercise you will learn to use the **ME Review Case** page to accept, decline, pend, or take ownership of a record.

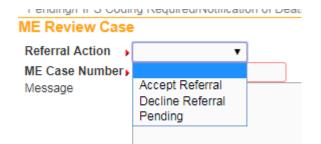
The **ME Review Case** page provides the ability for a medical examiner or coroner to accept a referral, decline a referral, take control of a case or to set the referral action to pending.

1. From the **Death Registration Menu**, select **Other Links -> ME Review Case**. Notice that both **Referral Action** and **ME Case Number** are marked with red arrows () indicating that these are mandatory fields.

Death Registration Menu Personal Information Decedent Resident Address Family Members Informant Disposition Decedent Attributes Medical Certification Pronouncement Place of Death	4354 :User fgdgf DEC-04-2018 /Personal Invalid/Nedical Invalid/Not Registered/Unsigned/Uncertified/Referred to ME/ME Review Required/Personal Pending/Medical Pending/FIPS Coding Required/Notification of Death ME Review Case Referral Action ME Case Number, Ntoseage
Cause of Death Other Factors Injury Certifier Other Links Comments ME Review Case Print Forms Refer to Medical Examiner Transfer Case Validate Registration	Clear Save Return

Note: Access to the ME Review Case page is restricted based on user security privileges. You may or may not be able to access this page.

2. Make a selection from the **Referral Action** dropdown list:



About Referral Actions:

- a. Accept Referral is used for cases referred to ME that can occur at any point in the registration process including after filing.
- b. **Decline** is used to deny taking ownership or control of a record.
- c. **Pending** is used to handle those cases where the ME determines that additional discussion is needed with the physician before making a



determination on the case or when the cause of death is inadequate or incomplete.

3. Note that once a selection has been made from the **Referral Action** dropdown list, a system message is automatically entered into the **Message** box. This message can be used as is, edited, or deleted entirely.

4354 :User fgdgf DEC-04-2018 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/Referred to ME/ME Review Required/Personal Pending/Medical Pending/FIPS Coding Required/Notification of Death ME Review Case				
Referral Action Accept Referral ME Case Number Case Id: 4354 - User fgdgf, Date of Death:Dec-04-2018 has been reviewed. Message Case Id: 4354 - User fgdgf, Date of Death:Dec-04-2018 has been reviewed. This referral action for this case was: Accept Referral.				
	Clear Save Return			

4. As noted above, **ME Case Number** is marked by a red arrow (**b**), and is a mandatory field. Enter the appropriate case number and select **Clear** to clear all entries and start over, **Save** to save your changes and take the referral action selected, or **Return** to return to the **Death Registration Menu** without saving your changes.

4354 :User fgdgf DEC-04-2018 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/Referred to ME/ME Review Required/Personal Pending/Medical Pending/FIPS Coding Required/Notification of Death ME Review Case				
ME Case Number 43 Message C	Accept Referral I3567456 Case Id: 4354 - User fgdgf, Date of Death:Dec-04-2018 has been reviewed. This referral action for this case was: Accept Referral.			



Exercise 7: Amendments

Skills Learned: In this exercise you will learn how to submit Amendment requests.

From time to time, it may be necessary to make changes to a registered death record. These changes are called amendments.

1. To access the **Amendments** link, select **Other Links** -> **Amendments**.



Note: Access to the Amendments link is restricted based on user security privileges. You may or may not be able to access this page.

2. Notice, when the **Amendments** link is selected, the **Amendments Menu** is displayed above the Death Registration Menu.

and the second	
ath Registration Menu	Type Supplemental Death Corrective Amendment DEC-17-2018
	Year 2018 Amendment 372
Medical Certification	Order Number Description
ronouncement lace of Death	Amendment Keyed (Requires Affirmation) Status
ause of Death ther Factors	Pronouncement
Registrer	Date of Death DEC-14-2018 🛗 Date of Death Modifier Actual date of death
CONCERNENCES	Time of Death 01 : 01 AM Time of Death Modifier Actual time of death



3. The first step in processing an amendment is to select an amendment **Type** from the dropdown list. The options available are dependent upon User Security Setup. In this example, because we are logged in as a Medical Certifier we will see only the options for amendment types assigned to the Medical Certifier role.

4387 2018-000294 :Test Guide DEC-14-2018

/Personal Valid With Exceptions/Medical Valid With Exceptions/Re Amendment Page

Туре	Supplemental Death Correction	Amendmen <u>Dat</u> e
Voor		endmen
Year	Supplemental Death Correction (MC)	nber
· ·		

4. Add a description of the amendment in the **Description** text entry control and click **Save**.

	plication for Vita	Depth Continue		
Amendments Menu Amendment	4387 2018-0 /Personal Valid V	Death - Family Members	C-14-2018 h Exceptions/Regist	ered/Signed/Certified/NA
Amendment Affirmation	Amendment Pag	Death - Other Factors Death - Place of Death Death - Disposition	Amendment Date	DEC-17-2018
Death Registration Menu Personal Information Decedent Medical Certification	Year Order Number	Death - Injury Death - Pronouncement Death - Resident Address	Amendment Number Description	372 Test for User guide
Pronouncement Place of Death	Amendment Status Page to Amend	Death - Cause of Death Death - Decedent Attributes		
Cause of Death Other Factors Certifier	Page to Americ			
Registrar	S	After selecting An selection of the 'S Amendment Statu Amend' dropdowr	ave' button, t us' and 'Page	he to

5. The page will refresh and the **Amendment Date** calendar control will automatically fill in with the current system date. In addition, new controls appear onscreen. These controls consist an **Amendment Status** control and a **Page to Amend** dropdown.



6. Next select the **Page to Amend** dropdown and select a registration page from the list; this page will then be displayed, with all items completed as they currently are registered. The list of pages available to amend will be dependent upon user security setup. In this case we are logged in as a Medical Certifier so we only see pages the Medical Certifier is responsible for available to select from

Page to Amend	
	Death - Certifier Death - Other Factors Death - Place of Death Death - Place of Disposition Death - Place of Injury Death - Pronouncement Death - Cause of Death
Page to A	
Date of De Time of De	eath DEC-14-2018 Date of Death Modifier Actual date of death eath 01 : 01 AM Time of Death Modifier Actual time of death
Date Pron	ounced Dead DEC-14-2018 💼 Time Pronounced Dead 01 : 01 AM 🔹
	Cancel Amendment Validate Page Validate Amendment Save Clear Return

7. Make changes to the item you wish to amend on the page and then select **Clear** to clear all entries and begin again, **Save** to save and display your changes in a data grid, or **Return** to leave this page without saving your changes and return to the previous page.

You can also select **Cancel Amendment** to cancel the amendment process, select **Validate Page** to check for any data entry errors the update may cause on that page, or select **Validate Amendment** to check for any data entry errors the update to the item may cause.

8. Upon **Save**, the **Item in Error** data grid will display. This data grid displays the current value of the item to be changed, **Item as it Appears** and the updated value of the item to be changed, **Item as it Should Be**.



/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA Amendment Page						
The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.						
Туре	State Medical Examiner (ME	Amendment Date	DEC-17	-2018 🛗		
Year	2018	Amendment Number	372			
Order Number		Description	Test for	User guide		
Amendment Status	Keyed (Requires Affirmation)					
Page to Amend	•					
Item In Error		Item as it Appea	ars	Item as it Should be	Edit	Delete
	t-Date of Death Modifier	Item as it Appea Actual date of d		Item as it Should be Approximate date of death	Edit Edit	Delete Delete
Pronouncemen	t-Date of Death Modifier t-Time of Death Modifier		eath		2011	
Pronouncemen Pronouncemen		Actual date of d	eath	Approximate date of death	Edit	Delete
Pronouncement Pronouncement Pronouncement	t-Time of Death Modifier	Actual date of d Actual time of d	eath	Approximate date of death Presumed time of death	Edit Edit	Delete Delete

9. The **Amendments** page allows the user to add multiple amendments to a record. Simply select the **Page to Amend** dropdown and select a new page to Amend – following steps 6 through 7 again.

10. Before the Amendment is submitted to the Local Registration Office for approval it must be **Affirmed.** Once you have made all of the changes needed for the Amendment, from the **Amendments Menu** select the **Amendment Affirmation** link. The **Affirmations** page will be displayed.

Amendments Menu Amendment	4387 2018-000294 :Test Guide DEC-14-2018 /Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA					
Amendment Affirmation	Affirmations					
	Affirm the following: I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. I affirm that this medical information is submitted for inclusion on the death record					
		Affirm Clear Return				

11. Place a checkmark in the box next to the affirmation statement and then select Affirm to certify the amendment and submit it to the Local Registration Office for approval, or select Clear to clear all entries, or select Return to leave this page without affirming and return to the previous page.

12. Once the amendment is affirmed a checkmark will appear next to the **Amendment Affirmation** link in the **Amendments Menu**. The **Amendment Status** will be updated from



Keyed (Requires Affirmation) to Pending. The amendment will also no longer allow for changes as the **Save** and **Clear** buttons are now disabled.

Amendments Menu	4387 2018-0	4387 2018-000294 :Test Guide DEC-14-2018					
Amendment	/Personal Valid V	Vith Exceptions/Medical Valid With E	xceptions/Regist	ered/Signed/Certifi	ied/NA		
Amendment Affirmation	Amendment Pag	e					
Death Registration Menu	Туре	State Medical Examiner (ME	Amendment Date	DEC-17-2018	iii (
Personal Information	Year	2018	Amendment Number	372			
Decedent	Order Number			Tantés llas			
			Description	Test for User g	uide		
Pronouncement	Amendment	Pending					
Place of Death	010103						
Cause of Death	Item In Error		ltom or	it Appears	Item as it Should be		
Other Factors							
Certifier	Pronouncement	-Date of Death Modifier	Actual	date of death	Approximate date of death		
Registrar	Pronouncement	-Time of Death Modifier	Actual	time of death	Presumed time of death		
Amendment List	Pronouncement	- Time Pronounced Dead	01:01 A	M	10:01 AM		
Other Links	Pronouncement	-Time of Death	01:01 A	M	12:01 AM		
Amendments							
Comments				V	alidate Amendment Save Clear Return		
Print Forms					date date det de la		

13. Use the **Return** button to close this page and return to the **Death Registration Menu**.



Exercise 8: Comments

Skills Learned: How to add comments to a registration.

During the process of entering and registering a death record it is sometimes necessary to store comments or remarks about the case. These comments can serve as reminders or as instructions to others who will work on the case.

Step 1 – Add Comment:

1. Select Other Links > Comments.



The **Comments** popup page appears, displaying the *State File Number* (if registered), *Registrant Name, Event Type*, and *Event Date*. This default information is displayed for reference.

Comments		×
Comments		-
State File Number:	000005	
Registrant Name:	Test for Amendment Jr	
Event Type:	Death	
Event Date:	NOV-27-2018	
No data found.		
	New Comment Close	se
[]	()	

2. To add a new comment to a death case, select the **New Comment** button. The page expands to display the **Enter a New Comment** section.

Enter New Comm	ent					
Comment Type:	•	1				
	Event	-			Save	
Comment:	Administrative				Clear	
Hippa Change H	Order Processing Hippa				Connel	
	Change History General Comments	00 CI	haracters left: 4000		Cancel	
	Late Filing Reason Confidential Medical				New Comment	Close
oval	Correspondence Other Comments					-

3. Select a **Comment Type** from the dropdown.



Comment types available vary based on user assigned security privileges.

4. Enter the comment in the **Comment** field. Comments are limited to 4000 characters. A running total of the characters remaining is displayed at the bottom of the window.

Enter New Comm	ent	
Comment Type:	General Comments 🔻	
Comment:	This is an example of a comment which someone may need to enter in regards to a registration.	Save Clear Cancel
	Maximum text length: 4000 Characters left: 3907	
		New Comment Close

5. Once a comment has been entered, select the **Save** button.

Select *Clear* to clear the comment text, or *Cancel* to close the comment window.

Selecting Save will add the comment to the registration. A portion of the comment displays in the Comments window.

Comment Type	Date Entered	Entered By	Comment	
General Comments	11/18/2016	superuser	This is an example of a comment which someone may need to en	Edit Delete
			Tota	I Records : 1
			New Com	ment

Select the **Close** button on the comments popup window. A checkmark appears next to the **Comments** link in the **Other Links** sub-menu to indicate that a comment has been added to the registration.



NOTE: The ability to Edit or Delete comments is determined by the individual user's security configuration. You may or may not be able to Edit or Delete existing comments.



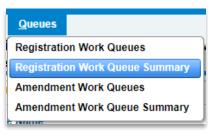
Work Queues

Skills Learned: In this exercise you will learn how to navigate through the various work queues in the system. For this exercise we will be working from the **Main Menu**, not the **Death Registration Menu**. The **Main Menu** is continuously displayed across the top of the DAVE screen when logged in.



From the Main Menu, select Queues. Queues contain registrations, orders, or amendments which have a work queue status assigned. Queues are used to group death cases together based on the amount of work that has been done with them and the amount of work that still needs to be done. This is done primarily through the assignment of a work queue status when a validation rule fails.

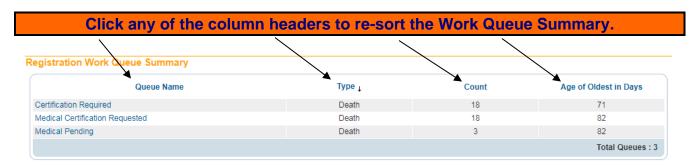
Exercise 1: Work Queues - Summary



1. From the Main Menu, select Queues, Registration Work Queue Summary.

This will bring up a listing of all the available work queues containing cases. If a queue does not contain any cases it will not be displayed in the list. Additionally, if a user does not have security access to a specific queue it will not appear in the list.

The default sort order is by **Queue Name**. However, the column headers summary tables are all underlined links. Clicking on any of these links will re-order the table based on that columns content.



2. **Queue Name** indicates the type of work that needs to be done in the queue, **Type** indicates which type of event, (Death), and the queue contains work for. **Count** indicates how many cases are in the queue. **Age of Oldest in Days** indicates the age of the oldest case in the queue.



3. Click on any **Queue Name** to view a list of the death cases currently in that queue. In the example shown here there are 2 cases in the **Registration Approval Required** queue.

earch by	y Registratio	n Work Queue				
Queue:	Medical P	ending - Death 🔹	Search Type:	Value:		
Display	200	rows per page.	Filter:	•		
					Search	w All Rows Clear Return
All	Case Id File	Number	Registrant		Date of Event ↑	Data Provider
	4354	fgdgf, User			DEC-04-2018	
	3331	Case, Med			NOV-19-2018	
	2197	Docs, Training			NOV-15-2018	Apex Funeral Home
	2030	Polar, Amber			NOV-02-2018	
	1989	Fixed, Testing Duplicate			NOV-02-2018	
	1991	Lee, William Louis			NOV-02-2018	
	1960	Matthews, Kellie			NOV-01-2018	
	2019	Gold, Amy			NOV-01-2018	Apex Funeral Home
	1956	Oliver, Jamie			OCT-31-2018	

4. Click on the **Registrant** name link to display that record for review or editing. This will open up record and display the Decedent Page.

Death Registration Menu Personal Information Decedent	4354 :User fgdgf DEC-04-2018 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required/Notification of Death
Medical Certification	Will medical institution be responsible for final disposition? No
Pronouncement Place of Death Cause of Death	Decedent's Legal Name
Other Factors Injury	Prefix First Middle Other Middle Last Suffix User
Certifier	Decedent Name prior to first marriage
Other Links Comments Request Funeral Home	Last
Print Forms Refer to Medical Examiner	Aliases Add/Edit Alias Names
Relinquish Case Request Medical Certification	Sex Social Security Number
Transfer Case	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status DEC-04-1980 Age Verify SSN UNVERIFIED (0)



Exercise 2: Work Queues - Search

Skills Learned: In this exercise you will learn how to search for cases based on their queue status.

Queues

Registration Work Queues

Registration Work Queue Summary

Amendment Work Queues

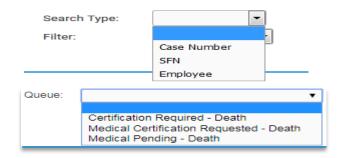
Amendment Work Queue Summary

1. From the Main Menu select Queues -> Registration Work Queues. This will open the Search by Work Queue window.

NOTE: The actual work queues available will vary based on user type and user security setup.

ueue:		•	Search Type:	•	Value:	
isplay 20	00 rows per page.		Filter:	T		

2. Select one of the available options from the **Queue**, or **Search Type** dropdown list or enter a value to search for in the **Value** text-entry box.



3. To narrow your search you can use all three or a combination of the three search parameters. However, you must always make a selection from the **Queue** dropdown list.

You must enter at least one of the above search parameters, but can also use any combination of the three.

3. Click the **Search** button to execute the search or the **Clear** button to clear your search parameters and start over.

Queue:	Medical	Pending - Death	-	Search Type:	Case Number	Value:	4354	
Display	200	rows per page.		Filter:	•			
							Searc	h Show All Rows Clea
All	Case Id File	Number		Registrant			Date of Event †	Data Provider
	4354	fgdgf, User					DEC-04-2018	
								Total Records : 1



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Appendices

Appendix 1 - Glossary of Icons and Controls

There are several different types of **icons** and **controls** used in **DAVE**. Many of these are industry-standard or universal controls that you may already be familiar with from using other programs and/or websites. Others, are **DAVE** specific controls that you will not find anywhere else.

Auto-populate Button: Automatically populates information in one field based on data entered in another. For example, based on data entered in the *Date of Birth* field, selecting

the Auto-populate button 🕑 calculates the age and populates the Age field.

Date of Birth	Years
DEC-17-1980 🗰 🕣	Age 38

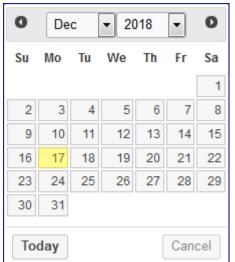
Calendar Icon: Launches the interactive Calendar and is placed next to date entry fields.

The Interactive Calendar is an alternative to manually entering the date.

1. Launch the calendar by selecting the Calendar Icon next to the date entry field:



2. Select a *Month* and *Year* from the dropdown menus.



3. Select the specific day. Once the day is chosen, the calendar will close and enter the date into the date field.



Note: Selecting the calendar's *Today* link enters the current date in the date field. Pressing the F12 button on your keyboard does this as well.

Checkboxes: Checkboxes allow users to make one or more selections from a variety available options. To select or de-select a checkbox, simply click inside the box **M**.

Note: If a *Checkbox* or *Radio Button* has focus: - Use the Spacebar to "press" and select the button, or - Use the Enter key to "press" and select the button.



Buttons initiate various functions within the application. They are used to navigate the application, accept data input, write information to the database, and trigger the processing of underlying system code.

fix M Fix Icon: Appears in the DAVE[™] Validation frame only. Selecting this icon will place the focus or cursor in the item containing invalid information.

Marital Status

Label Control: Identifies a nearby text box or other control. Indicates what type of information is expected in that control.

More Icon: A DAVE[™] specific element that returns more information than what is currently displayed.

LOV Icon: A search tool used in the DAVE[™] application.

-

LOV Eraser Icon: Removes values selected using the LOV search tool.

Place Search Icon: Launches a popup that facilitates the entry of city, state, county and/or country.

Radio Buttons: Allows the user to choose only one of a predefined set of options

Required Controls: All controls accompanied by small red arrows are mandatory and must be completed or attempts to save the page will cause a pop up error message to appear. The data must be completed before the user can continue.



Show Tooltips Show Tooltips Checkbox: The Show Tooltips checkbox under the Help menu controls whether 'hint' text is displayed when hovering over an icon or control.

Date of Birth Text Box Control: Allows user to enter information that will be used by the program. Can be formatted to accept only text, a combination of text and numbers, numbers only, or dates.

First 1 2 3 4 5 6 7 8 9 10 ... Last

Table Paging: When a table of data contains more rows than can be displayed on a single page, DAVE[™] provides a set of controls located at the bottom of the search results page that displays the page currently selected, the total number of pages of search results, and links to the other search result pages.

Case Id	SFN	Decedent's Name ↓	Date of Death	Sex	Place of Death	Date of Birth	
4368		Barton, Hashim	DEC-12-2018	Male		JAN-15-2006	Preview
4381		Blah, Blah	DEC-13-2018	Male	Mecklenburg	DEC-13-1942	Preview
4373		Blah, Blah	DEC-12-2018	Male		DEC-12-1941	Preview
4357		Burton, Tim	DEC-04-2018	Male	Wake	JAN-01-1950	Preview
4364		Daniels, Kimberley	DEC-10-2018	Unknown		DEC-16-1974	Preview
4385		Davis, Roger	DEC-14-2018	Male	Wake	AUG-11-1926	Preview
4366		Dorsey, Linus	DEC-10-2018	Female		DEC-19-1991	Preview
4367		Event, Validate	DEC-11-2018	Male	Alexander	DEC-11-2018	Preview
4354		fgdgf, User	DEC-04-2018	Male	Orange	DEC-04-1980	Preview
4382	2018-000291	Garland, Judy	DEC-13-2018	Female	Johnston	APR-08-1981	Preview
irst 1 2	3 4 Last					т	otal Records : :

The number of the selected page appears as bold text. The **First** and **Last** links allow users to easily jump to the beginning or ending of the search results.

In addition to providing links to quickly access the **First** page, pages 1 - 10, and the **Last** page of the search results, the total amount of pages available for selection can be easily revealed by selecting the ellipsis link (...).

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

If the number of records returned is greater than the system preference for the maximum records allowed, DAVE[™] will display a warning message encouraging the user to refine search criteria. The message below was displayed on the search results page when a user attempted to search for all death records within a 2 year time span.

The number of records found matching the criteria entered is greater than the value specified for "Maximum records to display:". Please refine your search criteria or increase the system preference value for "Max Rows to Return".

Please note: Increasing this number will negatively impact system performance. Therefore, it is recommended that the user key additional search criteria in order to limit the number of matching events instead of viewing all matching events. Total Records : 10,677



Not all pages will require table paging. In some cases it will be more useful to show a very large result set and use scroll bars to see the records that extend below the browser window.

Validation Checkmark-Green: this is a display only icon. Clicking on it has no effect. This icon is used in the Death Registration Menu and indicates that a DAVE information page contains valid information.

► - Validation X Symbol-Red: this is a display only icon. Clicking on it has no effect. This icon is used in the Death Registration Menu and indicates that a DAVE information page contains invalid information that must be corrected before certification will be allowed.

• Validation Caution Symbol-Yellow: this is a display only icon. Clicking on it has no effect. This icon is used in the Death Registration Menu and indicates that a DAVE information page contains information that may be invalid and must be corrected or overridden before certification will be allowed.

Appendix 2 - Usage and Common Conventions

This appendix consists of useful tips and tricks to help you become a more efficient user of the **DAVE** application. These hints will actually help you with almost any Windows based application.

1. Focus – Focus determines which control on the page will receive the action. For example, if an empty text box has the focus then a flashing cursor will appear in the far left hand side of the box. Anything you type will appear in the text box.

Decedent's Occupation	Decedent's Industry

If a Dropdown menu has focus it will be highlighted in blue. Once the dropdown is opened, a user can choose from a list of values.

Single Race Self Designation?	

A Checkbox or Radio Button will be surrounded by a dotted line when it receives focus. The box can then be selected by the user by pressing the keyboard space bar.

Decedent's Race				
What race did decedent consider himself to be?(More than one race can be indicated)				
🔲 White 🛛 🗕	Filipino	Other Asian	Other Pacific Islander	
Black or African	Japanese	Native Hawaiian	Other(Specify)	



Passing the Focus: Moving between these controls is a matter of passing the focus. This is accomplished by using the following keyboard shortcuts:

- The *Tab* key advances the focus forward
- *Alt+Tab* (holding down the *Alt* key while pressing *Tab*) passes the focus back to the previous control.

Every page is structured a little differently. Exactly where *Tab* and *Alt+Tab* send the focus will vary, but it should always advance logically from one control to the next.

3. Keyboard Shortcuts – Now that you understand what Focus is and how to pass it from one control to the next, let's see how you can use it to become a more efficient DAVE user.

If a **Text Entry Box** has the **Focus**, then just start typing to fill in the box. **Note**: If the text entry box already contains text, then when it receives the focus that text will be highlighted. Anything typed while the text is highlighted will replace the old text.

If a **Checkbox** or **Radio Button** has the **Focus**, then pressing the spacebar will check or uncheck the control.

If a **Dropdown List** receives the **Focus** then you have several options:

- Use the mouse to click on the down-arrow to reveal the list of selectable options. However, try to avoid using the mouse.

- If you know the first letter of the option you want to select then just type that letter. The focus will then shift down to the first option in the list beginning with that letter. If there are multiple selections beginning with that letter then keep typing it until your desired option shows up. Then, **Tab** off of the list to save that selection.

- Use the **Up** and **Down Arrows** on your keyboard to scroll through the list of options. When the correct option is highlighted, use the **Tab** key to save that selection and move to the next control.

- Hold down the **Alt** key and press the **Down-Arrow** button on your keyboard to reveal the list. Then, using either your mouse or the **Up** and **Down Arrows**, make your selection and **Tab** off to the next control or hit the **Enter** button.

If a Click Button receives the focus you have two options:

- Use the Spacebar to "press" the button, or
- Use the Enter key to "press" the button

Did You Know?

Using Alt-Left Arrow is the same as using your web browser's 'Back' button. Using Alt Right Arrow will trigger your browser's 'Forward' button.

4. Standard Date Formats:



DAVE[™] uses a standard date format but is flexible enough to recognize and convert other formats users may enter. Formats accepted for conversion are illustrated below:

Input Formats	Typed As:	System Converts to:
MM-DD-YYYY	12-13-1942	DEC-13-1942
MM/DD/YYYY	12/13/1942	DEC-13-1942
MMDDYYYY	12131942	DEC-13-1942
MonDDYYYY	Dec131942	DEC-13-1942
Mon/DD/YYYY	Dec/13/1942	DEC-13-1942
Mon-DD-YYYY	Dec-13-1942	DEC-13-1942

Did You Know? 1. Selecting F12 will automatically key today's date into the selected date field

2. Entry of dates in any other date format will result in an error.

 Zip Code Auto-Populate Address - Zip code based auto-population controls are built into the DAVE[™] application to assist users in entering address data accurately and efficiently.

Address				
	re irectional Street Nam ▼	e, Rural Route, etc.	Street Designator	Post Apt #, Directional Suite #,etc.
Zip Code	City or Town	County	State	Country United States

The **Zip Code** field appears as the first entry amongst the address location fields of: *City or Town, County, State* and *Country.*

Upon entry of the *Zip Code*, the *City or Town, County, State* and *Country* fields will autopopulate.



Zip Code	City or Town	County	State	Country
28511	Atlantic	Carteret	North Carolina	United States

If the *Zip Code* entered has multiple *City or Town* or *County* associated options, the system will display a list of valid values to choose from in City or Town and County field.

Did You Know? The *Zip Code* auto complete feature is optional and can be turned off in DAVE through System Preferences.

