

**REQUEST FORM FOR THE MEDICAL RECORDS OF A DECEASED FAMILY MEMBER**

Please complete using black pen and **BLOCK CAPITALS**.

**SECTION 1: Recipient’s details**

|  |
| --- |
| **For GP Records:** To the Records Manager at the relevant service provider (addresses provided in the Guidance on requesting medical records document on the Inquiry website), or  **For Hospital Records:** To the Records Manager at the hospital where the deceased person received treatment. |
|  |

**SECTION 2: Identity of the deceased person**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Former name(s) (if applicable) |  |
| Date of Birth |  |
| Date of Death |  |
| Location of Death |  |
| NHS Number (if known) |  |
| Address at the time of death (including postcode) |  |
| Previous Address/es (if applicable) |  |

**SECTION 3: Applicant’s details (next of kin)**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Former name(s) (if applicable) |  |
| Date of Birth |  |
| Relationship to the deceased person |  |
| Current Address (including postcode) |  |
| Telephone Number |  |
| Contact Email (optional) |  |

**SECTION 4** – **Details of the record(s) that you wish to request a hard copy of:**

|  |  |
| --- | --- |
| All or part of the records that are held (please specify) |  |
| If you would like to only request part of a record, please state the date range |  |
| Name of GP surgery, hospital or other healthcare provider |  |
| Service/treatment received |  |
| Approximate date(s) that the treatment was received |  |
| Name of Doctor / Consultant / Healthcare Professional seen (if known) |  |
| Please provide any further details to help clarify the information that you are requesting |  |

**SECTION 5: Waiver of fees for the purpose of providing evidence to the Infected Blood Inquiry**

The Chief Executives of NHS England, Wales, Scotland and Northern Ireland have confirmed that all fees that would normally be charged to access and obtain copies of a deceased person’s medical records will be waived for relatives seeking to do so for the purpose of providing evidence to the Inquiry. Copies of the letters to the NHS Chief Executives and their responses can be viewed on the Inquiry’s website: [https://www.infectedbloodinquiry.org.uk/](https://www.infectedbloodinquiry.org.uk/#https://www.infectedbloodinquiry.org.uk/).

**SECTION 6: Proof of identity**

I have included photocopies of the following identification documents:

* One form of photographic personal ID

**AND**

* One proof of current home address

**AND**

* Death certificate

Acceptable forms of identification documents include: passports, photo driving licences, bank statements and utility bills, but not mobile telephone bills, as they can be sent to different addresses.

#### SECTION 7: Declaration by applicant

I am next of kin to the deceased person (named on page 1) and I am requesting a copy of their medical records for the purpose of providing evidence to the Infected Blood Inquiry.

I declare that the information given in this form is correct to the best of my knowledge.

**Print Your Name:………………………………………………………………**

**Your Signature:………………………………………………………………..**

**Date:………………………………………………………………………………**