CHD Checklist for Hospital Event Materials
MMCC Committee for ARIC

Event ID: ☐ Date Prepared: ☐☐/☐☐/☐☐☐☐

Material included

☐ Discharge Summary	☐ Not available
☐ H & P	☐ Not available
☐ Cardiac Consult	☐ Not available
☐ Autopsy Report	
☐ *Other	

*if available (need not be noted as missing if they do not exist)

Comments on materials: