# Oklahoma State Department of Health - Vital Records

# Medical Examiner User Guide

Effective Date: March 1, 2024

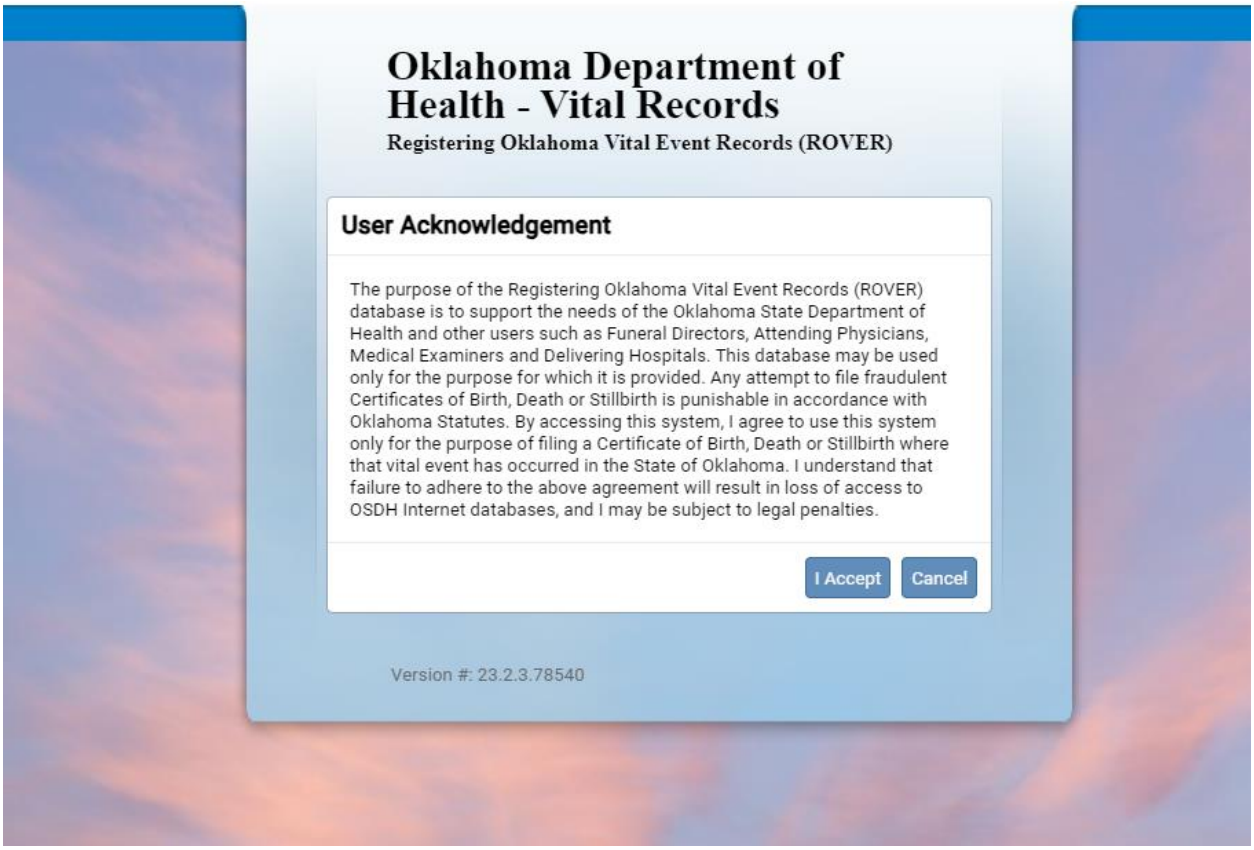
# Table of Contents

Part 1. LOGIN STEPS ..... 3
Part 2. STARTING A NEW CASE ..... 5
Part 3. LOCATING A RECORD ..... 7
Part 4. PRONOUNCEMENT ..... 9
Part 5. PLACE OF DEATH ..... 11
Part 6. CAUSE OF DEATH ..... 13
Part 7. OTHER FACTORS ..... 15
Part 8. INJURY ..... 17
Part 9. CERTIFIER ..... 19
Part 10. CERTIFY ..... 21
Part 11. ASSIGNING THE FUNERAL HOME ..... 23
Part 12. OTHER FUNCTIONS ..... 25
Relinquish Case ..... 26
Transfer Case ..... 27

# Part 1. LOGIN STEPS

- A username and temporary password have been sent to your email address. When you click on the link provided in the email, the login screen pictured below should appear. Enter your username and temporary password and click “Login.”

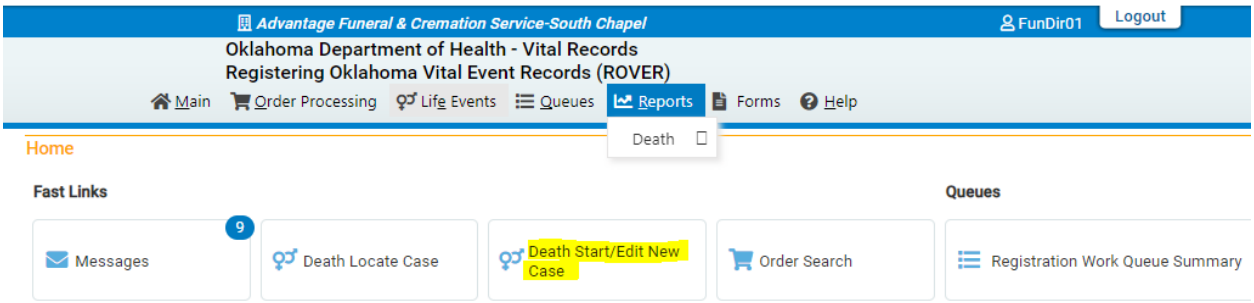
- You will then see the User Acknowledgement screen. Please read this section carefully and click “I Accept” to proceed.



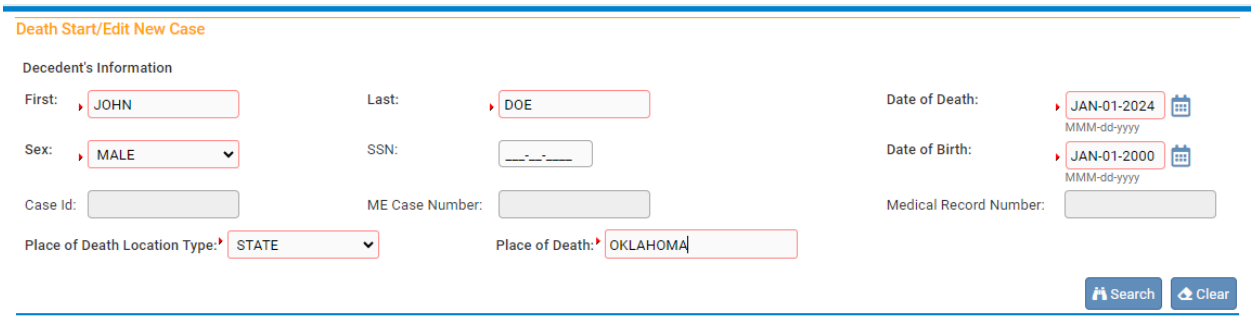

- You should now see the Main page of ROVER. You’re logged in!

# Part 2. STARTING A NEW CASE

- From the Main page, click on “Death Start/Edit New Case.



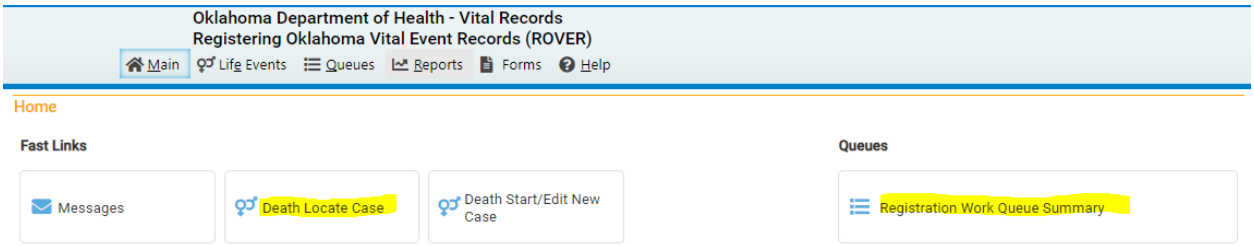

- Fill in the decedent’s information on the following page and click “Search.” Throughout ROVER, fields outlined in red are required.



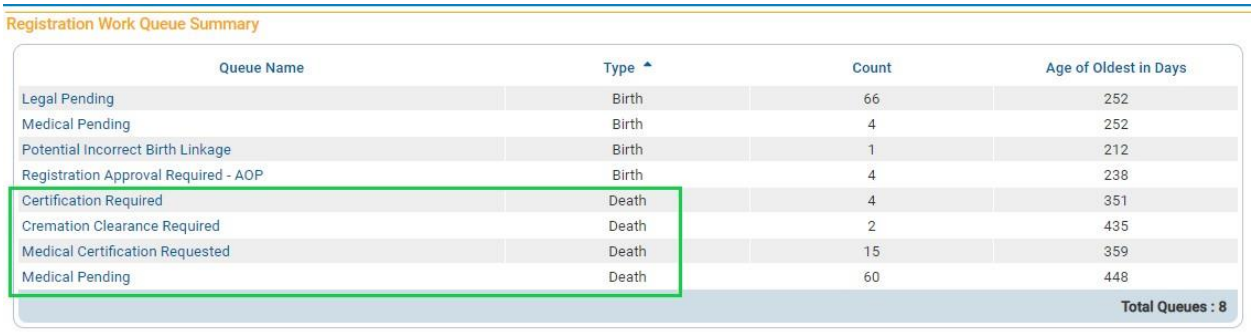

- If there are no cases that match the criteria you entered, you can go ahead and click the “Start New Case” button. If there is a possible duplicate record found in the system, ROVER will show you when you click “Search.” You will have the option to preview the record, or you can proceed with creating the case.
- Skip to page 5 if you have created a new record.

# Part 3. LOCATING A RECORD

- From the Main page, click on “Death Locate Case” to search for a specific record. You may also click on the “Registration Work Queue Summary” to view all of your pending records.




- In the queue, you’ll see both Birth and Death records under “Type” – You will only need to work on the death records. Additionally, the Cremation Clearance Required records are only for the Medical Examiner. Non-M.E. certifiers will be working in the Certification Required, Medical Certification Requested, and Medical Pending queues.

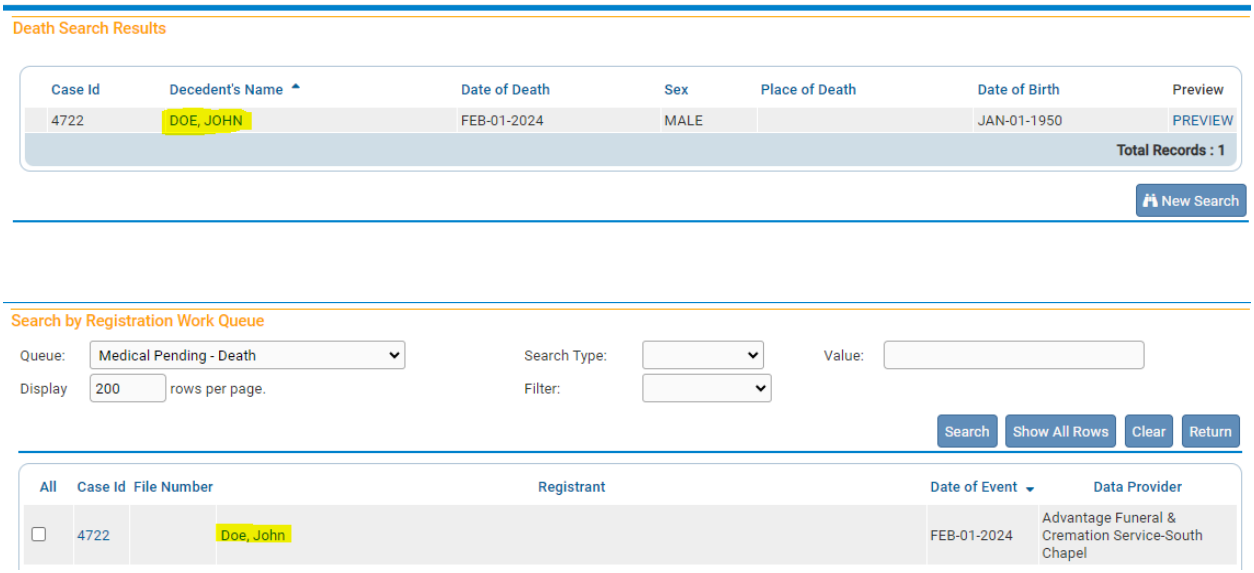


Registration Work Queue Summary

| Queue Name | Type | Count | Age of Oldest in Days |
|---|---|---|---|
| Legal Pending | Birth | 66 | 252 |
| Medical Pending | Birth | 4 | 252 |
| Potential Incorrect Birth Linkage | Birth | 1 | 212 |
| Registration Approval Required - AOP | Birth | 4 | 238 |
| Certification Required | Death | 4 | 351 |
| Cremation Clearance Required | Death | 2 | 435 |
| Medical Certification Requested | Death | 15 | 359 |
| Medical Pending | Death | 60 | 448 |

Total Queues : 8

- Once you’ve either created a new case, searched for an existing case, or found the record in the queue, you will click on the decedent’s name to enter the record.



Death Search Results

| Case Id | Decedent's Name | Date of Death | Sex | Place of Death | Date of Birth | Preview |
|---|---|---|---|---|---|---|
| 4722 | DOE, JOHN | FEB-01-2024 | MALE | | JAN-01-1950 | PREVIEW |

Total Records : 1

New Search

Search by Registration Work Queue

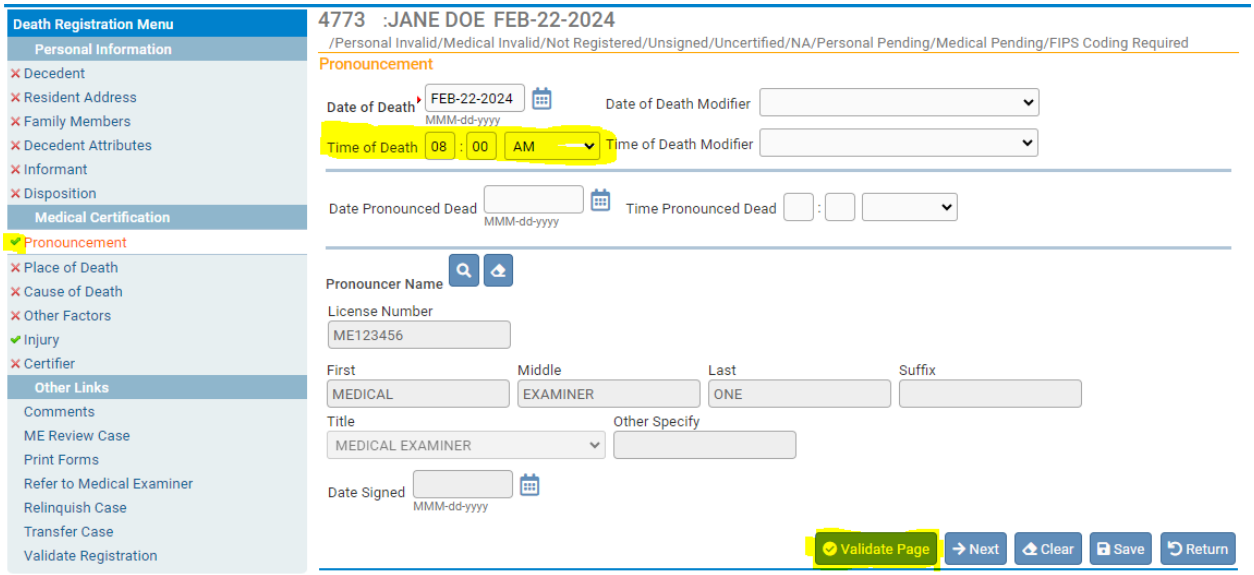
Queue: Medical Pending - Death
Search Type:
Value:
Display 200 rows per page.
Filter:

Search | Show All Rows | Clear | Return

| All | Case Id | File Number | Registrant | Date of Event | Data Provider |
|---|---|---|---|---|---|
| ☐ | 4722 | | Doe, John | FEB-01-2024 | Advantage Funeral & Cremation Service-South Chapel |

# Part 4. PRONOUNCEMENT

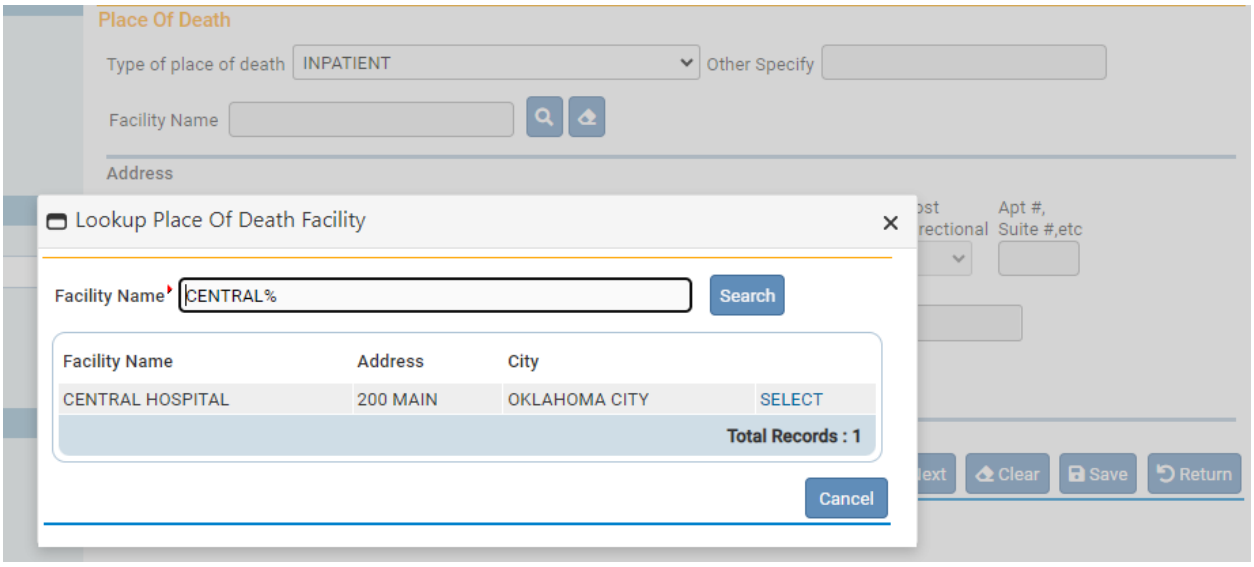
- To begin your portion of the record entry, click on “Pronouncement” in the Death Registration Menu on the left side of the page. Here, you will only need to enter the time of death and the time indicator (AM, PM, or Military). The “Modifier” fields for both the date and time of death are not required. The date and time pronounced dead fields are also not required. Your name and license information should be pre-populated. The “Date Signed” field is meant to be blank here – It will be automatically filled in once you have certified the record.




- Note the “Validate Page” button at the bottom of each tab. You can click this button to check if any required fields have not been completed yet. This will also save the information you have entered so far (the Save button will also save your progress). You want to make sure you get the green check mark on the left side of the page before proceeding to the next tab. A list of messages will appear at the bottom of the page, which provide details of any missing information. Once you get the green check mark, click Next to proceed to the next tab.

# Part 5. PLACE OF DEATH

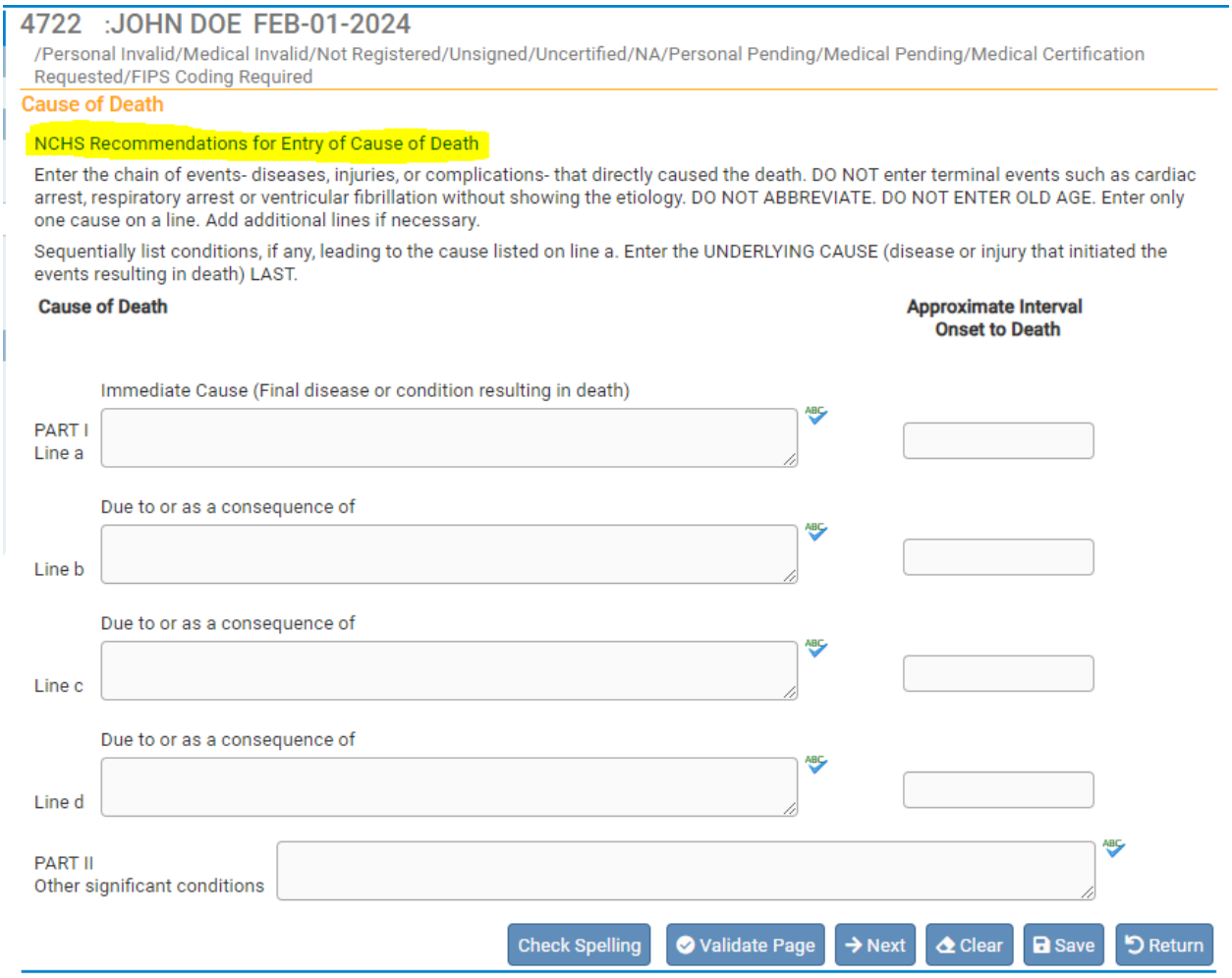
- Make the appropriate selection in the “Type of place of death” field. If Inpatient, ER/Outpatient, DOA, Hospice Facility, or Nursing Home are selected, you will then click the magnifying glass button to search for the facility. You can use the % symbol as a wildcard to either pull up the entire list of facilities or search with a partial name (ex. “Central%” will show you all facilities starting with the word “Central”).




- If “Decedent’s home” is selected, the address fields below will open up and allow you to enter the decedent’s address. If the decedent passed somewhere other than the options given, you will select “Other (specify)”, and the following fields will open up for you to complete. Medical Record Number can be left blank. Be sure to validate the page before proceeding.

# Part 6. CAUSE OF DEATH

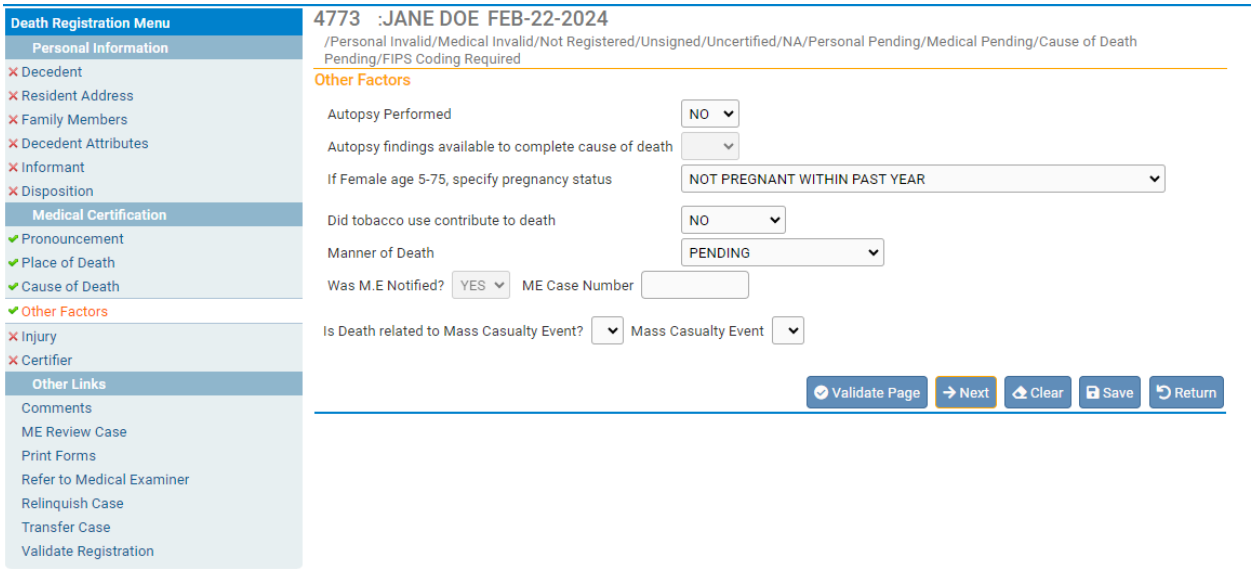
- The Cause of Death section consists of two parts. Part I is for reporting the sequence of events leading to the death, proceeding backwards from the final disease or condition resulting in the death. Enter the immediate cause of death on Part I, Line (a) and the underlying cause of death that led directly to the death on Lines (b), (c), and (d). A condition can be listed as “probable” if it has not been definitively diagnosed. Only one cause is to be entered on each line of Part I. DO NOT use parenthetical statements or abbreviations. Abbreviations can often mean two or more medical definitions/diagnoses. The space to the right of each line is for recording the length of time the decedent had each condition/cause. The terms “unknown” or “approximately” may be used in the interval fields. Other significant conditions that contributed to the death, but did not directly lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II. Please click the NCHS Recommendations for Entry of Cause of Death link at the top of the tab for more details.




- For a pending COD, you can enter the word “PENDING” in Part I, Line a, and enter “PENDING” in the interval field as well. Validate the page to save the COD information, and click the Next button to proceed.

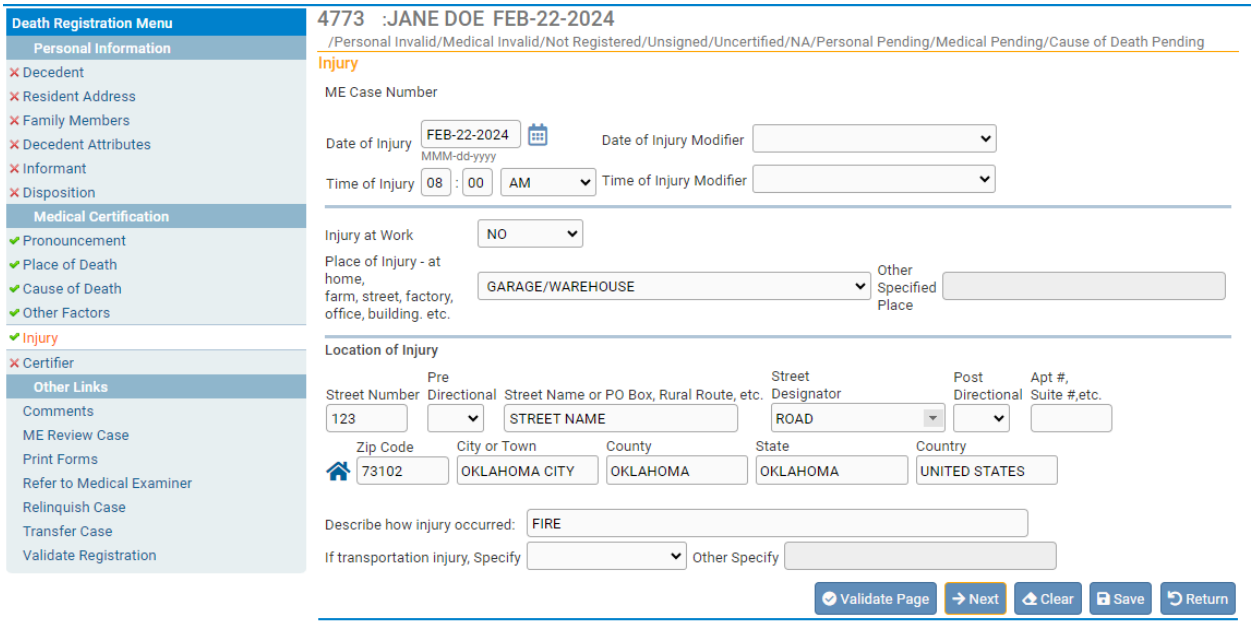
# Part 7. OTHER FACTORS

- Here, you will select whether or not an autopsy was performed. If you are not sure and have not been provided any results from an autopsy, you can safely select “No.” If the decedent is a female between the ages of 5 and 75, you will need to select the pregnancy status at the time of death. Select yes, no, probably, or unknown for the tobacco use question. If the COD is pending, you will select PENDING for the Manner of Death field. The ME Case Number field is not required but can be completed for reference. The “Mass Casualty Event” fields should be left blank.



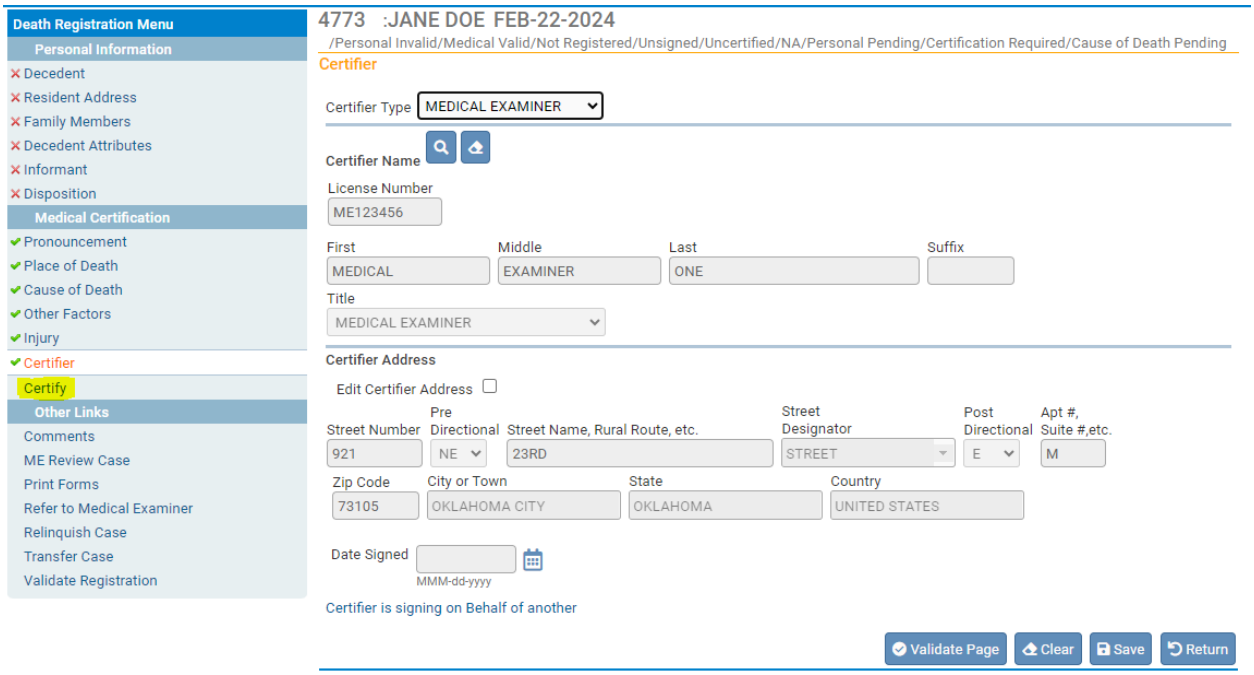
# Part 8. INJURY

- This tab is only required when the manner of death is listed as Pending or Cannot Be Determined. You will need to complete the Date and Time of injury (be sure to list the time indicator as well), and answer whether or not the injury occurred at the decedent's workplace. Several common injury location types are available in the Place of Injury drop-down menu. If "Other Specified Place" is selected, the following field will open up for you to enter further details. Enter a brief description of how the injury occurred in the field below the address section. If applicable, make the appropriate selection in the "If transportation injury, Specify" drop-down menu. Otherwise, you may leave it blank.



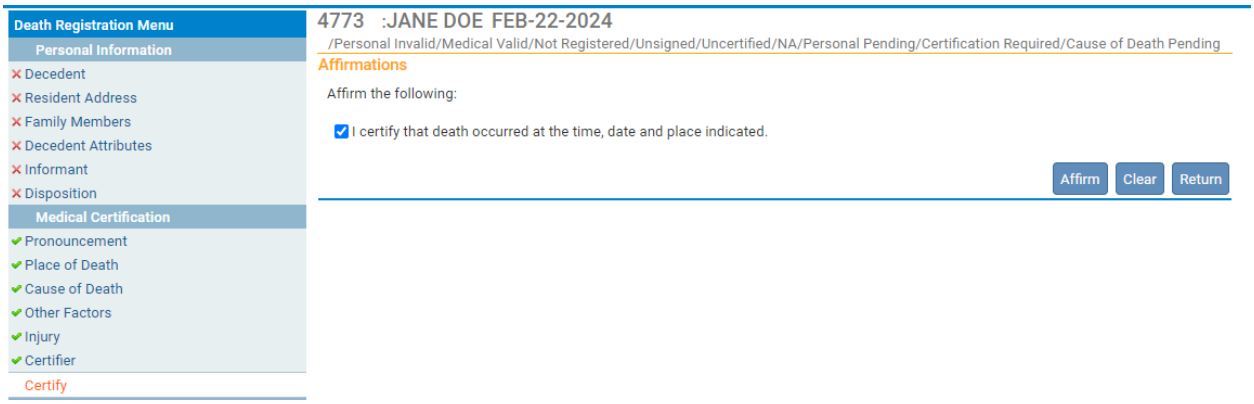
# Part 9. CERTIFIER

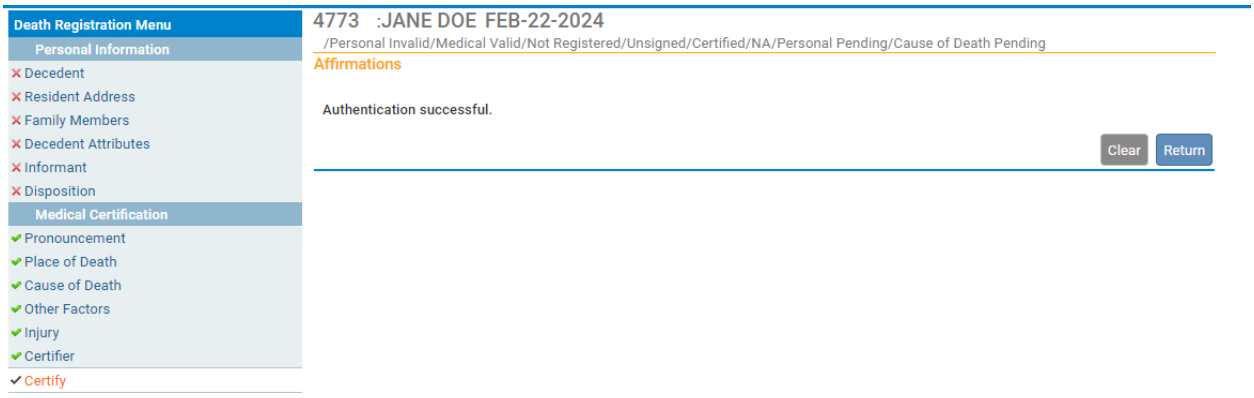
- On this tab, you will only need to make one selection – next to “Certifier Type,” select Medical Examiner. Your name and address information should be automatically filled out below. Once that selection has been made, you will need to validate the page in order to proceed to the “Certify” tab. You’ll see it appear on the left side of the page.



# Part 10. CERTIFY

- To certify the record, simply check the box next to the statement and click the “Affirm” button. You should then get the “Authentication Successful” message. The record is now certified!



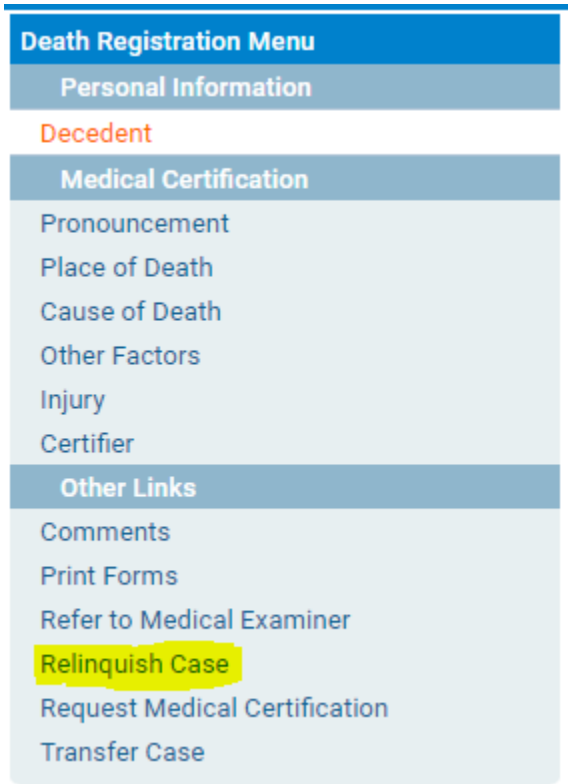



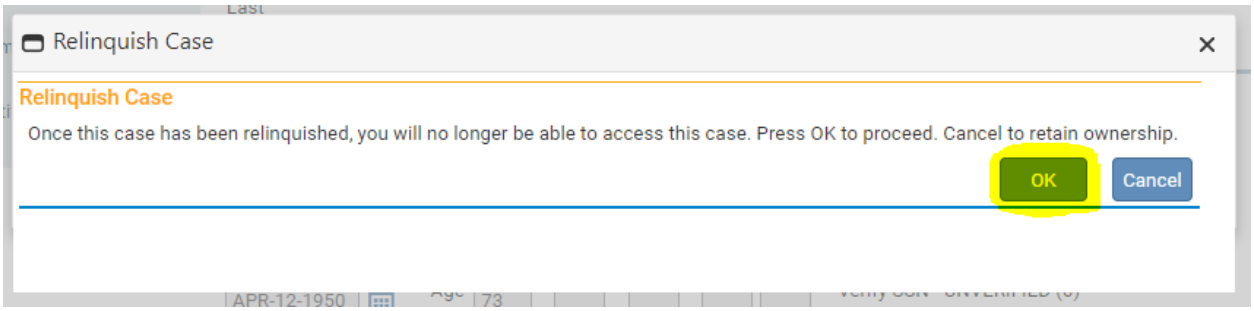
# Part 11. ASSIGNING THE FUNERAL HOME

- This function is not ready for testing at this time.

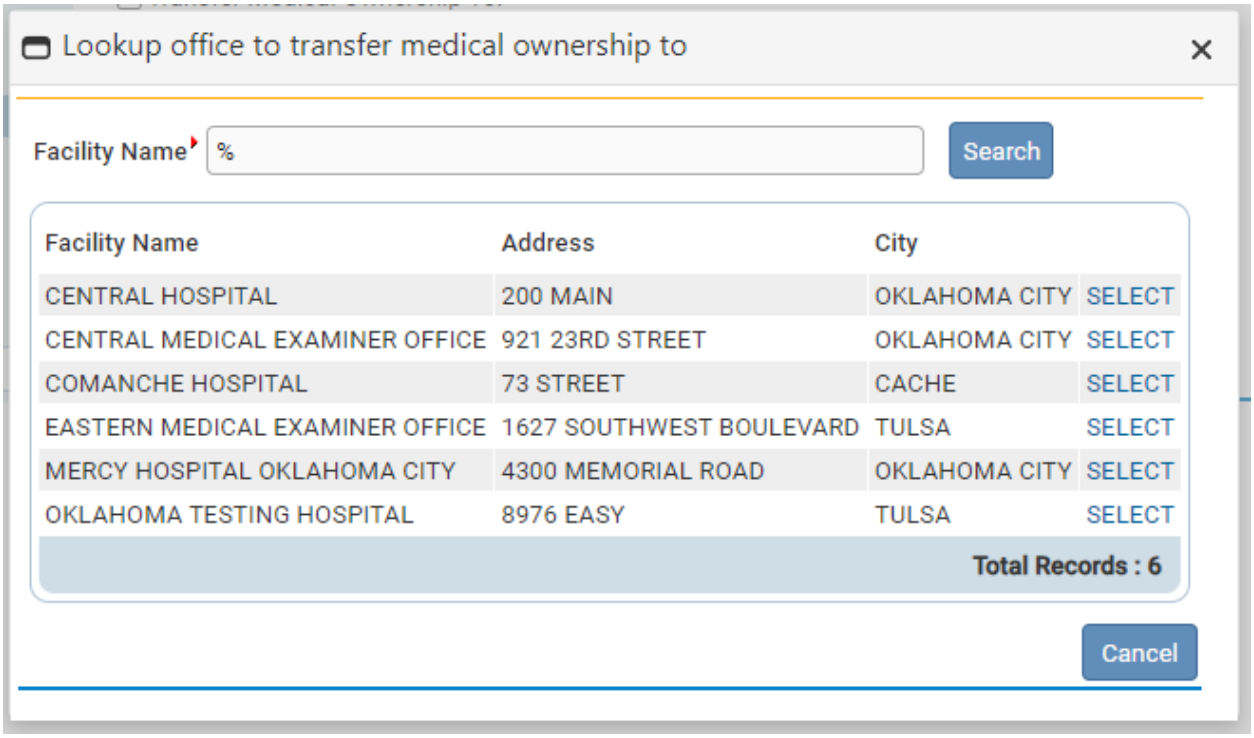
# Part 12. OTHER FUNCTIONS

- **Relinquish Case** – If you are not the correct certifier for a record that is in your queue, you can relinquish it to send it back to the funeral home. In the record, click “Relinquish Case” on the left side of the page, and then click “OK.”



- **Transfer Case** – If you are not the correct certifier for the record and you know the correct certifier's facility, you can transfer it to that facility directly. In the record, click "Transfer Case" on the left side of the page. Check the box next to "Transfer Medical Ownership To:" and use the magnifying glass button to bring up the facility search. You can use the % symbol as a wildcard to bring up the entire list, or you can type in part of the name of the facility followed by the % symbol to narrow the search. Click "select" next to the correct one. When you're ready, click "Save" at the bottom of the page to transfer the record.



Lookup office to transfer medical ownership to

Facility Name* CENTRAL% Search

| Facility Name | Address | City | |
|---|---|---|---|
| CENTRAL HOSPITAL | 200 MAIN | OKLAHOMA CITY | SELECT |
| CENTRAL MEDICAL EXAMINER OFFICE | 921 23RD STREET | OKLAHOMA CITY | SELECT |

Total Records : 2

Cancel

Transfer Case

☐ Transfer Personal Ownership To:

ADVANTAGE FUNERAL & CREM

☑ Transfer Medical Ownership To:

CENTRAL HOSPITAL

Message

THE FOLLOWING CASE HAS BEEN TRANSFERRED TO YOUR FACILITY: CASE ID 4725 – JOHN DOE, DATE OF DEATH: FEB-02-2024 REFERRED BY MERCY HOSPITAL OKLAHOMA CITY

Clear Save Return