



SVRIS DEATH QUICK REFERENCE FOR CORONERS/MEDICAL EXAMINERS

Logging in

1. Go to the [SVRIS logon page](#) and select the green SVRIS button.
2. Enter your **Username** (Logon ID) and **Password** and select the **Logon** button.
3. Select the **VRS_PROD** icon to load SVRIS and choose your location if applicable.
4. Read and select **OK** when the message about unauthorized access appears.

Completing the Medical Certification

1. From the SVRIS home screen, select the Work Queue menu and choose "Death MC In Progress". This will display all of the records that are assigned to you to complete the medical certification.
2. Select and display the desired record from the list either by double clicking the record or clicking once to highlight the record and then selecting display.
3. Once the record is displayed, go to the Cause of Death Tab. Complete all of the applicable information on the Cause of Death Tab (see reverse side for all field definitions).
4. Select the Signatures tab and enter a Y for yes in the Medical Information Complete? field.
5. Enter a Y in the Certifier Signed? field and SAVE the record.

Searching

1. From the SVRIS home screen, select the Search menu and choose Death.
2. Enter the search criteria. Multiple criteria can be used to search for the desired death record. In general most searches are successful using the decedent's last name and date pronounced. Select the Search button.
3. On the results tab, SVRIS will retrieve all records that meet the indicated search criteria.
4. Highlight the desired record and then click the Display button.

Requesting Amendments

1. Search for and display the record requiring the amendment. (See Searching above.)
2. Once the record is displayed, select File menu then New Event → Death Amendment. SVRIS will then create an amendment record that is linked to the death record.
3. Maximize the screen.
4. In the amendment record, choose 'C/ME Amendment' in the Amendment Type field.
5. Go to the Cause of Death tab.
6. Enter the new information in the field that corresponds to the field with the incorrect information.
7. Go to the Completion tab and enter a Y in the Amendment Request Complete field and save.

Responding to Queries

1. From the SVRIS home screen, select the Work Queue menu and choose "Query Amendment Request-MC".
2. Click 'Display' and SVRIS will display the query record.
3. Read the message in the Query Message field.
4. Type your response in the Notes From Funeral Home/Medical Certifier OR go to the Cause of Death Tab and provide the requested information.
5. Go to the Completion tab and enter a Y in the Amendment Request Complete field and save.

SVRIS Help

1. Call or email the Wisconsin Help Desk if you have issues using SVRIS. The Wisconsin Help Desk can be reached at 1-866-335-2180 or by email at helpdesk@wi.gov. The Wisconsin Help Desk can also assist with password resets.
2. If you have general registration questions, or would like to request a copy of the SVRIS User Manual, you can contact SVRO at 608-266-1373 Option 7 or by email at DHSVitalRecords@dhs.wisconsin.gov.
3. Please visit the [SVRIS logon page](#) for information on creating a SVRIS account or submitting a SVRIS account update request.



CAUSE OF DEATH QUICK REFERENCE GUIDE-CORONER/MEDICAL EXAMINER (rev. 06/19/2023)

UNACCEPTABLE MEDICAL CERTIFICATIONS

Medical certifications with the following condition(s) may result in rejection by the funeral home, local vital records offices, or State Vital Records Office:

- Jurisdictional conflict – The county of injury does not match the certifying coroner/medical examiner county office without prior notification.
- Unacceptable Causes of Death- The following types of causes of death (and any synonyms of these conditions) are **not** acceptable when they appear **as the sole cause(s) of death or in combination with each other unless state to be unknown after investigation and/or autopsy.** (These terminal events have little value for public health or medical research):

Respiratory Arrest	Heart Failure (CHF is acceptable)	Natural Causes	Shock	Senility	Cardiac Failure
Cardiac Arrest	Cardiorespiratory Arrest	Age / Old Age	Cardiogenic Shock	Undetermined	Brain Death
Cardiopulmonary Arrest	Cardiopulmonary Failure	Senescence	Hemorrhagic Shock	Unknown	Asystole
Respiratory Failure	Cardiorespiratory Failure	Sudden Death			

MEDICAL CERTIFICATION QUERIES

Medical certifications containing any of the conditions listed below may generate a medical certification query. This is not an exhaustive list.

ABBREVIATIONS

Use of uncommon or ambiguous abbreviations may result in a query. Examples:

- Ambiguous: CRF - commonly used to indicate Chronic Renal Failure OR Cardiorespiratory Failure
- Uncommon: NRSTS - Non-Rhabdomyosarcoma Soft Tissue Sarcoma

ASPIRATION

Cause of death statements reporting aspiration without specifying the underlying cause may result in a query. Without mention of an underlying cause, the mortality ICD10 coding will assign an ICD10 code that falls in an accidental choking category.

INCONSISTENT DATE/TIME OF DEATH

Dates and times that are hours and/or days before the pronouncement for deaths occurring in a facility may result in a query. Typically, deaths occurring in a facility have dates and times near each other. (**Note:** The date and time of death must be before or equal to the date/time pronounced.)

NEOPLASMS

Neoplasms not specifying malignant, benign, in-Situ, uncertain behavior, or unknown may result in a query.

THIS

Malignant neoplasm of lung

NOT THIS

Neoplasm of lung

POSSIBLE TRAUMATIC CONDITIONS

Possible traumatic conditions reported in medical certification that do not specify the etiology, if not rejected, may result in a query to clarify traumatic or non-traumatic. ICD10 mortality coding assumes trauma unless stated otherwise.

Examples of possible traumatic conditions: Rhabdomyolysis, Hematoma, Wound, Toxicity

SURGERIES, PROCEDURES, DRUG THERAPY

Surgeries, procedures, and drug therapy reported without specifying the reason for the surgery, procedure, or drug therapy may result in a query.

Surgery without reporting the date of the surgery may result in a query.

CONTRADICTORY MANNER OF DEATH

Medical certification with a manner of death that not in agreement with the assigned ICD10 underlying cause of death code. For example, manner reported as natural but assigned underlying cause of death code indicates accident.

MOTOR VEHICLE ACCIDENTS

Motor vehicle accident without specifying the type(s) of vehicle(s) involved, the type of motor vehicle accident (roll over, collision, etc.), and/or the status of the decedent (driver, passenger, pedestrian, etc.) may result in a query.

FIREARM RELATED

Medical certifications with mention of firearm without specifying the type (i.e. handgun, shotgun) may result in a query.

DRUG RELATED

Medical certifications with mention of drug toxicity without specifying the type may result in a query.

WOUNDS

Use of wound without specifying the type of wound (e.g., abscess, sore, ulcer, incision, etc.) may result in a query. If surgical wound, also specify the reason for surgery. ICD10 mortality coding assumes traumatic unless stated otherwise.

ILL-DEFINED CAUSE

Cause of death statements that report conditions considered to be symptoms, signs, trivial, and/or abnormal findings **without an underlying disease condition specified** may result in a query.

Example ill-defined medical certifications:

PART I	Interval
(a) FAILURE TO THRIVE	MONTHS
(b)	
(c)	
(d)	
PART II. Other significant conditions	

PART I	Interval
(a) CARDIAC ARREST	MINUTES
(b)	
(c)	
(d)	
PART II. Other significant conditions	
HTN; DIABETES; HEART DISEASE	

DATE OF DEATH

Enter the month, day and year of death. This is the medical certifier's approximation of the date when all vital signs of life ceased and is **not** necessarily the same as the date the decedent was legally pronounced dead. This date cannot be after the date pronounced dead. The date should be the same date, or at the most, one day before the date pronounced. If the exact date is unknown, give whatever information is available, and then use 9's for the unknown values. For example, if the day is unknown but the month and year are known, enter the month and year but indicate "99" for the day (11/99/1985).

DATE OF DEATH (A=ACTUAL or E=ESTIMATED)

If the date of death indicated is the actual date enter A for actual. If the date of death indicated is an estimated date, enter E for estimated.

TIME OF DEATH

Enter the time of death using the 24-hour clock. This is the medical certifier's approximation of the time when all vital signs of life ceased. This time cannot be after the time pronounced if the date pronounced is the same as the date of death. If the time is unknown enter 9999 for the unknown value.

TIME OF DEATH (A=ACTUAL or E = ESTIMATED)

If the time of death indicated is the actual time, enter A for actual. If the time of death indicated is estimated, enter E for estimated.

AUTOPSY?

Please indicate "yes" if an autopsy was performed or indicate "no" if an autopsy was not performed. For the purposes of this item, an external evaluation does not constitute an autopsy. Partial autopsies are included in the "yes autopsy performed" category.

DID TOBACCO USE CONTRIBUTE TO DEATH?:

Valid responses for this item are "yes", "no", "probably" or "unknown". Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "No" if, in your clinical judgment, tobacco use did not contribute to this particular death.

DID ALCOHOL USE CONTRIBUTE TO DEATH?:

Valid responses for this item are "yes", "no", "probably" or "unknown". Check "Yes" if, in your opinion, the use of alcohol contributed to death.

PREGNANCY STATUS (IF FEMALE)

Complete this item if the decedent is a female and between the ages of 5-75. If the decedent is male or female with an age of less than 5 or more than 75 years, the field will be defaulted to 'NOT APPLICABLE'. This information is important in determining pregnancy-related mortality.

MANNER OF DEATH

Please select either natural or pending. If you are waiting to consult with the attending physician before completing the cause of death or waiting for the results of an autopsy or other tests, please indicate pending. If you believe the manner is accident, suicide, homicide or undetermined or this death involves any injury or trauma, contact your county's coroner or medical examiner immediately. Wisconsin state law does not allow physicians to certify these types of deaths.

CAUSE OF DEATH

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of morbid events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

Part I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line. Line a **MUST ALWAYS** have an entry. **DO NOT** leave blank.
- If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line a, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis or cardiac arrest **due to** aortic valve disease).

Part II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**.
- If two or more possible sequences resulted in death, or if two conditions simultaneously resulted in death, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

Injury or Poisoning?

- Enter Y for yes or N for no. If yes, complete all of the required injury or poisoning fields. Put your cursor in any field and select F1 to get the field definition and/or additional field information.

CHANGES TO CAUSE OF DEATH

If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the medical certifier by **immediately** requesting an amendment in SVRIS. Follow instructions on "Requesting Amendments."