

VRISM

Completing Delayed Reports of Diagnosis of Death
Tennessee Vital Records 2018



Welcome to the State of Tennessee's VRISM training for delayed reports of diagnosis of death. In this training you will learn who can submit delayed diagnosis forms and how to complete them in the VRISM system.

When is a Delayed Diagnosis Necessary?

- There is no provision in the law for a physician or medical examiner to delay signing and completing the medical certification of a death certificate. The signed and completed certificate is due in the local health department within five (5) days after death.
- In the event the cause of death cannot be determined within that time, the certificate can be submitted with the cause of death as “pending” and will require more information on a separate form when further investigation has been completed.

Who Can Submit?

- Once a pending record has been registered with the state, it can be accessed by the certifying physician or county medical examiner to complete the Delayed Diagnosis report.
- Please note any cause of death other than natural will automatically require a medical examiner to complete the report.

- Once started, the delayed diagnosis form must be completed in full. There is no way to save progress, so if it is not completed in the first attempt, the user will have to start over.

Logging into VRISM



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Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st
Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE
1-(855) -VRISM TN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

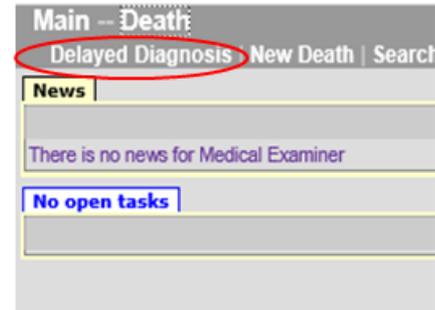
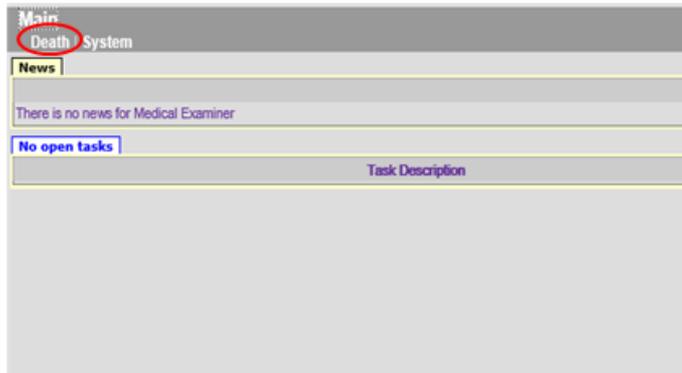
By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

[LOGIN](#)

To begin the process of completing this form, please log into the VRISM system with your unique user information. We strongly suggest you use Internet Explorer, as this is the browser on which the system was developed.

Starting Delayed Diagnosis



Once on the main screen, click death in the dark gray bar below Main. Then click Delayed Diagnosis.

Search for Record

Main - Death - Delayed Diagnosis

Death Record Search Criteria

Record Identifiers

Event year: 2018
State file number:
Certificate indicator:
ME case number:

Decedent's Name

First: SCOOBY
Middle:
Last: DOO
Suffix:
 Soundex on last name

Decedent's Sex

Sex:

Decedent's Social Security Number

SSN:

Date of Death

Date of death (mm/dd/yyyy):
From:
To:

Month and Year of Death

Month:
Year:

Date of Birth

Date of birth (mm/dd/yyyy):
From:
To:

Location of Death

County:
Cities:
City:

From here you will be able to search for registered records with pending causes of death. Enter the applicable information for the decedent and press Search.

Record Details

Main - Death - Delayed Diagnosis

Records List (Showing 1 - 1 of 1 records)

Last Name	First Name	Middle Name	AGE	Date of Death	Mother Maiden Name	Father Last Name	County	Status	Details
DOO	SCOOBY	ALAN	NI	04/22/2118	UNKNOWN	UNKNOWN	DAVIDSON	REGISTERED	Details

Cancel

Physician's results are limited to cases they originally certified. Medical Examiners can complete any pending certificate. Once you have selected the correct record from the search results, click "details" to the far right of the name.

Record Details

Main - Death - Delayed Diagnosis

Record Details

1 Decedent | 1A Decedent AKA's | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | Court Order Info | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | Delayed Diagnosis Demographic Info | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 Actual Data/Pronounce/Contact | 10 **Certifier** | Supporting Documents | 11 Case Actions

1. Decedent's Legal Name First: SCOOBY Middle: ALAN Last: DOO Last name prior to first marriage: Suffix:	12. Social Security Number SSN: 888-88-8888 Verification status: -1 Date when export to SSA included this record: Number of OVS verification attempts: 0 Date of last OVS verification attempt:
--	---

Date when certifier last updated case: 05/24/2018 07:40:52
Date of death (Numeric Value): 20180422
Age should be known: N
Age should be hours/minutes per DOB and DOD:
Age should be months/days per DOB and DOD:
Age should be years per DOB and DOD:
Age entered is not the same as the calculated age:
Year of death: 2018
Date of birth numeric format: 19700419
DOB unknown: 0
Court ordered death flag: N
Record ID: 99049115
SSA export flag: 0
SSN unknown: 0
County code used by the state:
Place of death county location ID:
Location ID of facility of death:
Hospice patient:
Time of death unknown: 0
Age type for export: 1
Age unknown: 0
Use delayed "stamp" flag: N

5. Age Age: Over 1 year Age bypass verification status: 0 Years: 48 Calculated age: 48 Months: & days: Hours: & minutes:
--

Continued Cancel

This will take you to the record details. Scroll to the bottom of the screen and press Continue.

Tab 1: Decedent

Death - Last:DOO First:SCOOBY Middle:ALAN Date of death:04/22/2018 SFN:000140

1. Decedent | 2. Decedent Info | 3. Origin/Race | 4. Parents/Informant | 5. Disposition | 6. Funeral Director/Embalm | 7. Time/Autopsy | 8. Cause of Death | 9. Hammer/Details/Injury | 10. Certifier | 11. Case Actions

1. Decedent's Legal Name

Check the Delayed diagnosis flag on Tab 8.

First: SCOOBY
Middle: ALAN
Last: DOO
Last name prior to first marriage:
Suffix:
 Decedent has AKA/alias

2. Sex
Sex: MALE

3. Date of Death
Date of death: 04/22/2018
 Date found

4. Time of Death
Time: 06:26
Time designation: AM

6. Date of Birth
Date of birth: 04/19/1970

5. Age
Age: Over 1 year
Years: 48
Months: & days:
Hours: & minutes:

12. Social Security Number
SSN: 888-88-8888
Verification status: Select

8. Place/Location of Death
Place of death: DECEDENT'S HOME
Specify other place of death:
County of death for selecting facility: DAVIDSON
Hospital: Select
Hospice: Select
Nursing home/long term care: Select
 Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: DAVIDSON
County: DAVIDSON
City list: INGLEWOOD
City or town: INGLEWOOD
Facility name:
Street and number: 809 DODWOOD LN
Apartment number:
Zip code: 23652

Previous Next Finish Cancel

The record will open on Tab 1. Click on tab 7 to begin the delayed diagnosis.

Tab 7: Time/Autopsy

Death -- Last:DOO First:SCOOBY Middle:ALAN Date of death:04/22/2018 SEN:000140

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 **Time/Autopsy** 8 Delayed Diagnosis Demographic Info 9 Cause of Death 10 Hammer/Details/Injury 11 Certifier 12 Case Actions

Case Information

Decedent's first name SCOOBY
 Decedent's last name DOO
 Decedent's date of birth 04/19/1970
 Sex MALE
 Medical record number
 Medical examiner case number

3. Date of Death

Date of death (MM/CC/YYYY) 04/22/2018
 Date found

4. Time of Death

Time of death (HH:MM) 05:25
 Time designation AM

ME Contacted

Was medical examiner contacted? Yes

29 Autopsy

Was an autopsy performed? Select
 Were autopsy findings available to complete the cause of death? Select

Response to Cremation Request

ME approves cremation request Select

Previous **Next** Finish Cancel

Answer any incomplete fields regarding medical examiner contact and autopsy information. The open fields will appear in white; however, some the way some questions are answered will affect which fields appear open. When done with tab 7, click next.

Delayed Diagnosis Demographic Info

Death - Last:DOO First:SCOOBY Middle:ALAN Date of death:04/22/2018 SFN:000140

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 ***Time/Autopsy** Delayed Diagnosis Demographic Info 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certificate** 11 Case Actions

Decedent's Name

First name SCOOBY X
Middle name ALAN
Last name DOO
Suffix
Sex MALE
Date of Death
Date of death (MM/DD/YYYY) 04/22/2018

Age

Age - last birthday (years) 48
Under 1 year - months
Under 1 year - days
Under 1 year - hours
Under 1 year - minutes

Date of Birth

Date of birth (MM/DD/YYYY) 04/19/1970

Place of Death

Facility name (if not institution, give street address) 809 DOORWOOD LN
City or town INGLEWOOD
County DAVIDSON

Previous Next Finish Cancel

The next screen is the Delayed Diagnosis Demographic Information screen. Please verify that all information is correct to the best of your knowledge and adjust accordingly. Please note changing the date of death will require an amendment. Click next when ready to proceed to the next screen.

Tab 8: Cause of Death

Death - Last:DOO First:SCOOBY Middle:AAW Date of death:04/22/2018 SFN:000140

[1 Decedent] [2 Decedent Info] [3 Origin/Race] [4 Parents/Informant] [5 Disposition] [6 Funeral Director/Embalmers] [7 **Time/Autopsy**] [8 Delayed Diagnosis Demographic Info] [9 **Cause of Death**] [10 **Hansen/Details/Injury**] [11 **Certifier**] [13 Case Actions]

28. Cause of Death PART I

****Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. DO NOT ABBREVIATE.****

Cause of death pending
 Cause could not be determined

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
 Onset to death

a

Due to (or as a consequence of)

**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.**

b

Due to (or as a consequence of)

c

Due to (or as a consequence of)

d

28. PART II

Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Other Significant Conditions contributing to death

Rare Cause Alert
 If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing?

Previous **Next** Finish Cancel

Enter the cause of death on tab 8. Please note only a medical examiner can mark the “could not be determined” box at the top of the screen. The certifier will need to input part 1, the immediate cause of death and other conditions leading to the cause, and part 2 if there are any underlying conditions known contributing to death. Please limit to one cause of death per line and do not abbreviate. Click next when ready to proceed to the next screen.

Tab 9: Manner/Details/Injury

Death - Last:DOO First:SCOOBY Middle:ALAN Date of death:06/22/2018 SFN:000140

Time/Autopsy Delayed Diagnosis Demographic Info Cause of Death 9 **Manner/Details/Injury** 10 **Certificate** 11 Case Actions

30. Manner of Death
Manner of death

31. Tobacco Use
Did tobacco use contribute to death?

32. If Female
If female, select one from list

34 e. Injury - Date
Date of injury (MM/DD/YYYY)

Found

34 h. Injury - Time
Time of injury (9:00 AM)

Time designation

34 c-d. Injury - Place
Injury at work?

Place of injury - at home, farm, street, factory, office, building, etc. (Specify)

34 e. Injury - How
Description

34 f. Injury - Where
Street and number

Apartment number

Country

State/province

County list

County

City list

City or town

Zip code

33. If Transportation Injury
Specify

Other - specify

Previous **Next** Finish Cancel

Tab 9 concerns the manner of death, in addition to questions about tobacco use, pregnancy, and injury. Please note anything besides a natural or pending manner of death will become a medical examiner case. Any injury contributing to death would negate a natural manner of death, so injury information should only be entered by medical examiners. Click next when ready to proceed to the next screen.

Tab 10: Certifier

Death - Last: DOO First: SCOOBY Middle: ALAN Date of death: 04/22/2018 SFN: 000140

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 **Time/Autopsy** 8 Delayed Diagnosis Demographic Info 9 **Cause of Death** 10 **Hammer/Details/Injury** 11 **Certifier** 12 Case Actions

26. Review/Complete Cause of Death (i.e. Certifier)

Certifier designation: MEDICAL EXAMINER

27d. Certifier's Name

Physicians: Select

Medical examiners (county of death): Select

Medical examiners (all): Select

Forensic pathologists: Select

Not in list

First name: PHYSICIAN

Middle name:

Last name:

Suffix:

Case access: ELECTRONIC

27e. Certifier's Address

Street and number: 710 WASABI TRAIL

Apartment or suite number:

Country: UNITED STATES

State/province: TENNESSEE

City list: GATLINBURG

City or town: GATLINBURG

Zip code: 35698

27f. Certifier's Title

Title list: Select

Title: DO

27g. Certifier's Number

Medical license number: 4386595

27 a. c. Certification Date

Date signed by certifier (MMDDYYYY): 05/24/2018

Previous Next Finish Cancel

Tab 10 pertains to the medical certifier's information. Please select the appropriate designation and name from the drop down menus and verify that all information appears as you would like it to on the death certificate. If any information is incorrect, please contact the VRISM team help desk. Click next when ready to proceed to the next screen.

Tab 11: Case Actions

Death - Last:DOO First:SCOOBY Middle:ALAW Date of death:06/22/2018 SSN:000140

1 Declared 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmers 7 **Time/Autopsy** 8 Delayed Diagnosis (Demographic Info) 9 **Cause of Death** 10 **Hx/Details/Injury** 11 Certifier 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence DAVIDSON

Select ME county

Case access

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Certifier

PHYSICIAN To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Ready to be certified

Personal information status Approved

Registration status REGISTERED

Total unknown 3

Case Action History

05/03/2018 Record created by user ID: 414 - 05/03/2018 User ID: 414

Assigned case to PHYSICIAN TEST 4986595 05/09/2018 User ID: 483

Returned case to funeral home - 05/09/2018 User ID: 483 Assigned case to TUMBLE WEED 4456444 - 05/22/2018 User ID: 414 Assigned case to PHYSICIAN TEST 4986595 - 05/24/2018 User ID: 483 certified this case - 05/24/2018 User ID: 414 released case - 05/24/2018 User ID: 482 added delayed diagnosis

On the Case Action screen, click certify at the bottom left of the screen. Then click finish.

Tab 11: Case Actions

Main -> Death -> Delayed Diagnosis

Record Modify - Confirm

Please confirm that the following changes are correct

MODULE_ID: 2
RECORD_ID: 99049115
BASELINE_RECORD_ID: 99049115
User ID: 482
Today's Date: 05/24/2018

Field (DB Name)	Original Value	Changed Value	Remove Change
County (DD_COUNTY)		DAVIDSON	Remove
State/province (INJRY_STATE)		TENNESSEE	Remove
First name (DD_GNAME)		SCOOBY	Remove
Time designation (TOI_IND)		P	Remove
Manner of death (MANNER)	P	A	Remove
Medical license number (CERT_LIC_NUM)	4986595	852468	Remove
Street and number (INJRY_ADDR1)		809 DOGWOOD LN	Remove
Date of injury (MMDDYYYY) (DOI)		04/18/2018	Remove
Street and number (CERT_ADDR1)	710 WASABI TRAIL	INDUSTRY CARE 1021 COOLIDGE ST., SUITE 4	Remove
Injury at work? (INJRY_WORK)		N	Remove
Description (INJRY_L)		AGGRESSIVE EATING	Remove
County (INJRY_COUNTY)		DAVIDSON	Remove
Time of injury (HHMM) (TOI)		08:55	Remove
Cause of death pending (FL_COD_PENDING)	Y	N	Remove
Certifier designation (CERT_DESIG)	PHYSICIAN	MEDICAL EXAMINER	Remove

Some system columns will be changed. [Show system columns](#)

You will then be taken to the Record Modification Confirmation screen. Scroll to the bottom and press continue.

Successful Transaction

Main - Death - Delayed Diagnosis

Successful Transaction
Your transaction has been saved successfully.

Record Details

First name	SCOOBY
Last name	DOO
State file number	000140
Date of death	04/20/2010

Main Menu Repeat Task

Finally, you will see a successful transaction screen with the name of the decedent and the SFN. This completes the process for a delayed diagnosis of death form.

Test Environment

<https://test.vrism.tn.gov/vrism/do/login>

Physician Test Login:

Username: PhysicianTest

Security Question: last word in the question

Image/Phrase: lion/VRISM

Password: Vrism2018!

Medical Examiner Test Login:

Username: MedicalExaminer

Security Question: last word in the question

Image/Phrase: lion/VRISM

Password: Vrism2018!

If you would like to practice, we have a test environment in which you can become more familiar with the system. If you need any help getting access to this account, please contact the VRISM helpdesk.



Thank you

855.874.7686 · health.vrism@tn.gov

We thank you for taking the training today.