Preamble
The purpose of this document is to show the procedures for making amendments to existing records. The procedures spelled out here are also covered in the video training guides and the text document guides found on the resources page: https://www.in.gov/isdh/28076.htm

Under the heading DRIVE Training and Online Demonstrations, the recorded videos of user training are available.

In the DRIVE Coroner Recorded Training the pre-Registration amendment process at minute 35:44; The post-Registration amendment process occurs at minute 54:00.

In the DRIVE Medical Certifier Recorded Training the pre-Registration amendment process at minute 34:50; the post-Registration amendment process occurs at minute 47:25.

Under the heading DRIVE User Guides are the text documents pertaining to each process.

In the DRIVE User Guide Medical Certifiers, the amendment process appears on page 51.
Amendment Process to Records *Prior to Registration*

From the **DRIVE Main Menu**, select **Life Events -> Death -> Locate Case.**

Enter as much decedent information as possible to narrow your search results and click Search.

If a record is located, select **Preview.**
If it is the correct record, click the active link (the *decedent’s name*) under the heading *Decedent Name* to open the record.

### Death Search Results

<table>
<thead>
<tr>
<th>Case Id</th>
<th>Decedent's Name</th>
<th>Date of Death</th>
<th>Sex</th>
<th>Place of Death</th>
<th>Date of Birth</th>
<th>Preview</th>
</tr>
</thead>
<tbody>
<tr>
<td>4875020</td>
<td>Moore, Alan</td>
<td>JAN-27-2021</td>
<td>Male</td>
<td>Adams</td>
<td>OCT-31-1971</td>
<td>Select</td>
</tr>
</tbody>
</table>

**Total Records: 1**

### Preview

- **File Number:**
- **File Date:**
- **Coroner Case Number:**
- **Case Id:** 4875020
- **Medical Record Number:**
- **Date of Death:** JAN-27-2021
- **Decedent’s Name:** Alan Moore
- **Spouse’s Name:** Nada Surf
- **Marital Status:** Currently Married
- **SSN:** Unknown
- **Sex:** Male
- **Date of Birth:** OCT-31-1971
- **County:** Adams
- **City or Town of Death:** Decatur
- **Place of Death:** Adams Memorial Hospital
- **Residence:** Berne Indiana, United States
- **Mother’s Maiden Name:** Never When
- **Funeral Director:** Funeral Director Six
- **Funeral Home:** Abbott Funeral Home, 421 E. Main Street, Delphi
- **Medical Certifier:** Death Certifier Six
- **Date Entered:** JAN-27-2021
- **Last Update Made By:** Death Certifier Six
- **Status:** Personal Valid/Medical Valid/Not Registered/Unsigned/Certified/NA/Signature Required

**Provisional Notification of Death**

**Working Copy**
Once the record has been accessed, click on the **Certify** tab.

Once on the **Sign** tab / page, click on the **Uncertify** button.
Clicking the **Uncertify** button will cause a pop-up to appear. Click on **Okay**.

**Affirmations**

This registration is currently certified.

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Drive will then note that the record has been **Uncertified**.

**Affirmations**

This registration has been uncertified.
Having **Uncertified** the case, the fields of each page will no longer be greyed out. You can then select the appropriate tab in the menu to go to the page you wish to update.

### Cause of Death

**NCHS Recommendations for Entry of Cause of Death**

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. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

<table>
<thead>
<tr>
<th>PART</th>
<th>Immediate Cause (Final disease or condition resulting in death)</th>
<th>Approximate Interval Onset to Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line a</td>
<td>Hypoxia</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Line b</td>
<td>Due to or as a consequence of Covid 19</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Line c</td>
<td>Due to or as a consequence of</td>
<td></td>
</tr>
<tr>
<td>Line d</td>
<td>Due to or as a consequence of</td>
<td></td>
</tr>
</tbody>
</table>

**PART II**

Other significant conditions
Once you make the appropriate changes, make sure to save them using the **Save** button at the bottom of the page.
With the changes saved, click on the **Certifier** tab. Once there, click on the **Validate Page** button at the bottom.

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**Death Registration Menu**

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes

**Certifier**

- **Certifier Type**: Physician
- **Certifier Name**: Alan Moore
- **License Number**: MD06
- **Title**: Certifier
- **Death Certifier**: Six
- **Certifier Phone Number**: — — —

**Certifier Address**

- **Street Number**: 46201
- **City or Town**: Indianapolis
- **State**: Indiana
- **Country**: United States
- **Date Signed**: MM/DD/YYYY

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DRIVE Amendments User Guide – Coroners and Medical Certifiers
Clicking the **Validate Page** button will cause the **Certify** tab to reappear.

**Note:** If the **Certify** tab does not reappear, it is usually because the case has gone past the five-day window following the Date of Death. To proceed you will need to go to **Comments** (under **Other Links**) and add a new comment under the **Comment Type:** 

*Late filing reason.*
Once back on the **Certify** tab, re-check the box and click on the **Affirm** button.

The case will now appear as **Certified**.
Amendment Process to *Registered* Records

From the **DRIVE Main Menu**, select **Life Events** > **Death** > **Locate Case**.

Enter as much decedent information as possible to narrow your search results and click **Search**.

If a record is located, select **Preview**.
If it is the correct record, click the active link (the *decedent’s name*) under the heading Decedent Name to open the record.

**Death Search Results**

<table>
<thead>
<tr>
<th>Case Id</th>
<th>Decedent’s Name</th>
<th>Date of Death</th>
<th>Sex</th>
<th>Place of Death</th>
<th>Date of Birth</th>
<th>Preview</th>
</tr>
</thead>
<tbody>
<tr>
<td>4875161</td>
<td>Moore, Alan</td>
<td>FEB-19-2021</td>
<td>Male</td>
<td>Adams</td>
<td>OCT-31-1973</td>
<td>Select</td>
</tr>
</tbody>
</table>

**Preview**

- **File Number:** 2021000036
- **File Date:** MAR-04-2021
- **Coroner Case Number:**
- **Case Id:** 4875161
- **Medical Record Number:**
- **Date of Death:** FEB-19-2021
- **Decedent’s Name:** Alan Moore
- **Spouse’s Name:** Nada Surf
- **Marital Status:** Currently Married
- **SSN:** Unknown
- **Sex:** Male
- **Date of Birth:** OCT-31-1973
- **County:** Adams
- **City or Town of Death:** Decatur
- **Place of Death:** Adams Memorial Hospital
- **Residence:** Berne Indiana, United States
- **Mother’s Maiden Name:** Ever When
- **Funeral Director:** Funeral Director Six
- **Funeral Home:** Abbott Funeral Home, 421 E. Main Street, Delphi
- **Medical Certifier:** Death Certifier Six
- **Date Entered:** FEB-19-2021
- **Status:** /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Local Registrar Filed
- **Last Update Made By:** State Two Amendment
- **Provisional Notification of Death**
- **Working Copy**
Under **Other Links** select **Amendments**.

Under **Type** select appropriate choice from dropdown menu (*Medical* refers to the **Medical Certification** section that Medical Certifiers are responsible for).
Enter information in **Description** field *if desired*. Then click on **Save**.

<table>
<thead>
<tr>
<th>Amendment Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td><strong>Year</strong></td>
</tr>
<tr>
<td><strong>Order Number</strong></td>
</tr>
<tr>
<td><strong>Amendment Number</strong></td>
</tr>
<tr>
<td><strong>Amendment Date</strong></td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
</tbody>
</table>

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend |
A new drop menu will appear with page selections to choose from. Select the appropriate page to update from **Page to Amend**.
Once the page is selected from the drop menu, the page to be amended will populate below the drop menu fields.

### Amendment Page

<table>
<thead>
<tr>
<th>Type</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2021</td>
</tr>
<tr>
<td>Amendment Date</td>
<td>MAR-04-2021</td>
</tr>
<tr>
<td>Amendment Number</td>
<td>762</td>
</tr>
<tr>
<td>Description</td>
<td>Updating Cause of Death</td>
</tr>
</tbody>
</table>

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend: Death - Cause of Death

### Cause of Death

**NCHS Recommendations for Entry of Cause of Death**

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. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

**Immediate Cause (Final disease or condition resulting in death)**

<table>
<thead>
<tr>
<th>PART I</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Line a</td>
<td>Covid 19 Infection</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Line b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART II**

Other significant conditions

- [Cancel Amendment](#)
- [Validate Page](#)
- [Validate Amendment](#)
- [Save](#)
- [Clear](#)
- [Return](#)
Update the fields requiring changes and then scroll down to the bottom of the page and click **Save**. You can also select **Validate Amendment** to ensure the amendment passes validation rule checks.

**Cause of Death**

**NCHS Recommendations for Entry of Cause of Death**

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. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary. 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.

**PART I**

**Line a**

Immediate Cause (Final disease or condition resulting in death)

Acute hypoxia Hypercapnic Respiratory Failure

16 days

**Line b**

Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia

16 days

**Line c**

Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa

16 days

**Line d**

Acute Renal Failure due to Sepsis and shock

16 days

**PART II**

Other significant conditions

Anemia with thrombocytopenia, Coronary Artery Disease

16 days
Once saved, a note appears at bottom of the page indicating the changes made. There will also be a line of red text regarding affirmation.

**Amendment Page**

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

<table>
<thead>
<tr>
<th>Item in Error</th>
<th>Item as it Appears</th>
<th>Item as it Should be</th>
<th>Edit</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause of Death-Line A Description</td>
<td>Covid 19 infection</td>
<td>Acute hypoxia Hypercapnic Respiratory Failure</td>
<td>Edit</td>
<td>Delete</td>
</tr>
<tr>
<td>Cause of Death-Line B Description</td>
<td>Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia</td>
<td>Edit</td>
<td>Delete</td>
<td></td>
</tr>
<tr>
<td>Cause of Death-Line C Description</td>
<td>Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa</td>
<td>Edit</td>
<td>Delete</td>
<td></td>
</tr>
<tr>
<td>Cause of Death-Line D Description</td>
<td>Acute Renal Failure due to Sepsis and shock</td>
<td>Edit</td>
<td>Delete</td>
<td></td>
</tr>
<tr>
<td>Cause of Death-Line D Onset Interval</td>
<td>16 days</td>
<td>Edit</td>
<td>Delete</td>
<td></td>
</tr>
<tr>
<td>Cause of Death-Other Significant Conditions</td>
<td>Anemia with thrombocytopenia, Coronary Artery Disease</td>
<td>Edit</td>
<td>Delete</td>
<td></td>
</tr>
</tbody>
</table>

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend

Cancel Amendment  Validate Amendment  Save  Clear  Return
When you choose a page to update, a new Menu tab will appear atop the other menus. Once you have Saved your updates, select **Amendment Affirmation** from upper left under the **Amendments Menu** heading.
Click the box next to the affirmation statement to populate a checkmark in it, then click Affirm.

 Affirmations

Affirm the following:

- The original facts for the amended item were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts.

A message indicating Authentication was successful will appear.

 Affirmations

Authentication successful.

The amendment(s) made will not display in the record until the Indiana Department of Health approves them. Once approved, under Messages there will be one displayed showing the amendment was approved. It will also indicate whether the amendment was rejected if applicable.

<table>
<thead>
<tr>
<th>From</th>
<th>Subject</th>
<th>Message</th>
<th>Date Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Five Amendment</td>
<td>Case 4875161 Amendment Approved</td>
<td>The amendment submitted for: 4875161; Alan Moore, Event Date: FEB-19-2021 has been Approved.</td>
<td>3/4/2021 4:06:56 PM</td>
</tr>
<tr>
<td>Death Certifier Six</td>
<td>Amendment Submitted</td>
<td>An Amendment has been submitted for approval for: Case Id: 4875161; Alan Moore, Date of Death: FEB-19-2021.</td>
<td>3/4/2021 4:05:02 PM</td>
</tr>
</tbody>
</table>