

**The Colleges of Medicine  
of  
South Africa**

**Die Kolleges vir Geneeskunde  
van  
Suid-Afrika**

**LOGBOOK FOR DIP FOR MED(SA) PATH**

**LOGBOEK VIR DIP GEREG GEN(SA) PATH**

**DIPLOMA IN FORENSIC MEDICINE  
LOGBOOK AND REQUIREMENTS – DIP FOR MED(SA) - PATH**

**GENERAL INSTRUCTIONS**

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1. Please **write legibly** and give **brief, concise** descriptions/summaries of cases as requested below.
2. These training activities have been designed to ensure that your practical training experience is as comprehensive as possible and will serve as enhancement of your theoretical knowledge.
3. We therefore strongly advise that you study the recommended learning material **PRIOR** to attempting the practical training activities, in order for you to reap the most benefit from both your learning and the practical activities.
4. Candidates with other certifiable post-graduate academic qualifications, which include prior training in certain of the practical training skills outlined below, may be exempted from such activities at the discretion of the Examinations and Credentials Committee. Proof of such qualifications will be required.

**DIP FOR MED(SA) – PATH - LOGBOOK REQUIREMENTS:**

<b>1. AUTOPSIES:</b> (Complete, full autopsies)	<b>OBSERVED (20)</b>	<b>PERFORMED (6)</b>
• Gunshot wounds	5	2
• Decomposed remains	1	0
• Skeleton	1(If possible)	0
• Stab wounds	2	1
• Anaesthetic associated deaths	2	0
• Rape (technique can be taught and 'practised' on other female victims)	1	0
• Hanging or strangulation	1	1
• Drugs or poisoning	1	0
• Motor vehicle accidents	2	1
• Assault with head injuries	2	1
• Natural or sudden unexplained deaths	1	0
• Stillborn or liveborn with gestational ageing	1(If possible)	0
<b>2. SPECIAL TECHNIQUES:</b> (Can be taught and practised on all cases)	<b>OBSERVED (17)</b>	<b>PERFORMED (21)</b>
• Bloodless neck	2	2
• Pneumothorax test	1	2
• Venous air embolism test	1	2
• Subclavian vessels diss	1	2
• Alcohol specimen collection	5	5
• Toxi specimen collection	1	2
• Rape examination and specimen collection	2	2
• Histo specimen collection	2	2
• Opening of spine	1	1
• Hydrostatic test in babies	1	1
<b>3. COURT WORK:</b>	<b>OBSERVED (8)</b>	<b>TESTIFIED (0)</b>
• Testifying in court	4	0
• Dockets: negligence reports	4	0

<b>AUTOPSIES OBSERVED (20)</b>				
<b>DATE OF ACTIVITY</b>	<b>ACTIVITY OBSERVED Case- or Body (DR) Numbers</b>	<b>BRIEF DESCRIPTION of CASE including: Age-group, Sex, Race, Forensic History and Findings</b>	<b>NAME OF TRAINING DOCTOR and VENUE</b>	<b>SIGNATURE OF TRAINING DOCTOR</b>
<i><b>EXAMPLE</b></i>  <i><b>DATE:</b> 01/01/04</i>	<i>Anaesthetic Associated Death  DR No: 33/2004</i>	<i>White neonate. Surgery performed for multiple congenital cardiac abnormalities. Died during surgery of cardiac failure. Autopsy revealed surgically repaired congenital cardiac abnormalities and pulmonary oedema.</i>	<i><b>NAME:</b> Dr Vellema  <b>VENUE:</b> JHB Mortuary</i>	
<b>1.</b>  <b>DATE:</b>	Gunshot Wound Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>2.</b>  <b>DATE:</b>	Gunshot Wound Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>3.</b>  <b>DATE:</b>	Gunshot Wound Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	

<b>4.</b> <b>DATE:</b>  <b>DR No:</b>	Gunshot Wound Death       <b>DR No:</b>		<b>NAME:</b>       <b>VENUE:</b>	
<b>5.</b> <b>DATE:</b>  <b>DR No:</b>	Gunshot Wound Death       <b>DR No:</b>		<b>NAME:</b>       <b>VENUE:</b>	
<b>6.</b> <b>DATE:</b>  <b>DR No:</b>	Decomposed Body       <b>DR No:</b>		<b>NAME:</b>       <b>VENUE:</b>	
<b>7.</b> <b>DATE:</b>  <b>DR No:</b>	Skeleton (If possible)       <b>DR No:</b>		<b>NAME:</b>       <b>VENUE:</b>	

<b>8.</b> <b>DATE:</b>	Stab Wounds  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>9.</b> <b>DATE:</b>	Stab Wounds  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>10.</b> <b>DATE:</b>	Anaesthetic Associated Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>11.</b> <b>DATE:</b>	Anaesthetic Associated Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	

<b>12.</b> <b>DATE:</b>	Rape or Sexual Assault  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>13.</b> <b>DATE:</b>	Hanging or Strangulation  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>14.</b> <b>DATE:</b>	Drug Overdose or Poisoning  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>15.</b> <b>DATE:</b>	Motor Vehicle Accident  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	

<b>16.</b> <b>DATE:</b>	Motor Vehicle Accident  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>17.</b> <b>DATE:</b>	Assault (with head injuries if possible)  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>18.</b> <b>DATE:</b>	Assault (with head injuries if possible)  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>19.</b> <b>DATE:</b>	Natural or Sudden Unexplained Death  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	





<b>SPECIAL TECHNIQUES OBSERVED (17)</b>				
<b>DATE OF ACTIVITY</b>	<b>ACTIVITY OBSERVED</b>	<b>BRIEF DESCRIPTION of ACTIVITY and FINDINGS</b>	<b>NAME OF TRAINING DOCTOR and VENUE</b>	<b>SIGNATURE OF TRAINING DOCTOR</b>
<i>EXAMPLE</i> <b>DATE:</b> 01/01/04	<i>Subclavian Vessel Dissection</i>	<i>Stab wound in supraclavicular area of neck. Dissection revealed penetrating incised wound in left subclavian artery.</i>	<i>Name:</i> Prof Scholtz <i>Venue:</i> JHB Mortuary	
<b>1.</b> <b>DATE:</b>	Bloodless Neck Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>2.</b> <b>DATE:</b>	Bloodless Neck Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>3.</b> <b>DATE:</b>	Pneumothorax Test		<b>Name:</b>  <b>Venue:</b>	
<b>4.</b> <b>DATE:</b>	Venous Air Embolism Test		<b>Name:</b>  <b>Venue:</b>	
<b>5.</b> <b>DATE:</b>	Subclavian Vessels Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>6.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>  <b>Venue:</b>	
<b>7.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>  <b>Venue:</b>	
<b>8.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>  <b>Venue:</b>	
<b>9.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>  <b>Venue:</b>	



<b>SPECIAL TECHNIQUES PERFORMED (21)</b>				
<b>DATE OF ACTIVITY</b>	<b>ACTIVITY PERFORMED</b>	<b>BRIEF DESCRIPTION of ACTIVITY and FINDINGS</b>	<b>NAME OF TRAINING DOCTOR and VENUE</b>	<b>SIGNATURE OF TRAINING DOCTOR</b>
<i>EXAMPLE</i> <b>DATE:</b> 01/01/04	<i>Bloodless Neck Dissection</i>	<i>Random "practice" Case. Middle aged Black woman, died in MVA. No positive findings.</i>	<i>Name:</i> Prof Scholtz <i>Venue:</i> JB Mortuary	
<b>1.</b> <b>DATE:</b>	Bloodless Neck Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>2.</b> <b>DATE:</b>	Bloodless Neck Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>3.</b> <b>DATE:</b>	Pneumothorax Test		<b>Name:</b>  <b>Venue:</b>	
<b>4.</b> <b>DATE:</b>	Pneumothorax Test		<b>Name:</b>  <b>Venue:</b>	
<b>5.</b> <b>DATE:</b>	Venous Air Embolism Test		<b>Name:</b>  <b>Venue:</b>	
<b>6.</b> <b>DATE:</b>	Venous Air Embolism Test		<b>Name:</b>  <b>Venue:</b>	
<b>7.</b> <b>DATE:</b>	Subclavian Vessels Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>8.</b> <b>DATE:</b>	Subclavian Vessels Dissection		<b>Name:</b>  <b>Venue:</b>	
<b>9.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>  <b>Venue:</b>	

<b>10.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>11.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>12.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>13.</b> <b>DATE:</b>	Alcohol Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>14.</b> <b>DATE:</b>	Toxicological Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>15.</b> <b>DATE:</b>	Toxicological Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>16.</b> <b>DATE:</b>	Rape Examination and Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>17.</b> <b>DATE:</b>	Rape Examination and Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>18.</b> <b>DATE:</b>	Histological Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>19.</b> <b>DATE:</b>	Histological Specimen Collection		<b>Name:</b>	
			<b>Venue:</b>	
<b>20.</b> <b>DATE:</b>	Opening of Spine		<b>Name:</b>	
			<b>Venue:</b>	
<b>21.</b> <b>DATE:</b>	Hydrostatic Test		<b>Name:</b>	
			<b>Venue:</b>	



<b>AUTOPSIES PERFORMED (6)</b>				
<b>DATE OF ACTIVITY</b>	<b>ACTIVITY PERFORMED</b> Case- or Body (DR) numbers	<b>BRIEF DESCRIPTION of CASE including: Age-group, Sex, Race, Forensic History and Findings.</b>	<b>NAME OF TRAINING DOCTOR and VENUE</b>	<b>SIGNATURE OF TRAINING DOCTOR</b>
<i>EXAMPLE</i>  <b>DATE:</b> 01/01/04	Gunshot Autopsy  <b>DR No:</b> 01/2004	Young Black male, shot 3X through windscreen in car hi-jacking. 1 GSW through head and 2 GSW's in chest, 2 spent bullets retrieved in back.	<b>NAME:</b> Dr Vellema  <b>VENUE:</b> JHB Mortuary	
<b>1.</b>  <b>DATE:</b>	Gunshot Autopsy  <b>DR No:</b>		<b>NAME:</b>   <b>VENUE:</b>	
<b>2.</b>  <b>DATE:</b>	Gunshot Autopsy  <b>DR No:</b>		<b>NAME:</b>   <b>VENUE:</b>	

<p><b>3.</b></p> <p><b>DATE:</b></p>	<p>Stab Autopsy</p> <p><b>DR No:</b></p>		<p><b>NAME:</b></p> <p><b>VENUE:</b></p>	
<p><b>4.</b></p> <p><b>DATE:</b></p>	<p>Hanging or Strangulation Autopsy</p> <p><b>DR No:</b></p>		<p><b>NAME:</b></p> <p><b>VENUE:</b></p>	
<p><b>5.</b></p> <p><b>DATE:</b></p>	<p>Motor Vehicle Accident Autopsy</p> <p><b>DR No:</b></p>		<p><b>NAME:</b></p> <p><b>VENUE:</b></p>	
<p><b>6.</b></p> <p><b>DATE:</b></p>	<p>Assault and/or Head Injuries Autopsy</p> <p><b>DR No:</b></p>		<p><b>NAME:</b></p> <p><b>VENUE:</b></p>	





<b>NON-CLINICAL COURT RELATED WORK OBSERVED: (8)</b>				
<b>DATE OF ACTIVITY</b>	<b>ACTIVITY OBSERVED</b> Case- or Body numbers <b>(DR)</b>	<b>BRIEF DESCRIPTION</b> of CASE including: Age-group, Sex, Race, Forensic History and Findings.	<b>NAME OF TRAINING DOCTOR and VENUE</b>	<b>SIGNATURE OF TRAINING DOCTOR</b>
<b>EXAMPLE (A)</b>  <b>DATE:</b> 20/01/04	<b>TESTIFYING IN COURT</b>  <b>CASE No:</b> 13/03/02	<i>Elderly White female, allegedly raped strangled by intruders. Macroscopic and DNA evidence of rape. 5 Accused males. Positive DNA comparisons with 2 of the accused.</i>	<b>NAME:</b> Dr Nkobi  <b>VENUE:</b> JHB Higher Court 4 C	
<b>EXAMPLE (B)</b>  <b>DATE:</b> 12/01/04	<b>NEGLIGENCE REPORT</b>  <b>DR No:</b> 1544/03	<i>Young White male, died of pulmonary embolism 3 days following hospital admission for fractured pelvis, sustained in a motor vehicle accident.</i>	<b>NAME:</b> Dr Vellema  <b>VENUE:</b> JHB Dept of Forensic Medicine	
<b>1.</b>  <b>DATE:</b>	<b>Testifying in court</b>  <b>CASE No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>2.</b>  <b>DATE:</b>	<b>Testifying in court</b>  <b>CASE No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>3.</b>  <b>DATE:</b>	<b>Testifying in court</b>  <b>CASE No:</b>		<b>NAME:</b>  <b>VENUE:</b>	

<b>4.</b>  <b>DATE:</b>	<b>Testifying in court</b>  <b>CASE No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>5.</b>  <b>DATE:</b>	<b>Negligence Report</b>  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>6.</b>  <b>DATE:</b>	<b>Negligence Report</b>  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>7.</b>  <b>DATE:</b>	<b>Negligence Report</b>  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	
<b>8.</b>  <b>DATE:</b>	<b>Negligence Report</b>  <b>DR No:</b>		<b>NAME:</b>  <b>VENUE:</b>	

**ADDITIONAL NOTES / REMARKS:**

A series of horizontal dashed lines for writing notes or remarks.

**FINAL COMMENTS BY HEAD OF DEPARTMENT:**

NAME OF CANDIDATE: .....

DATES OF TRAINING PERIODS:

*FORENSIC PATHOLOGY TRAINING:* .....

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UNIVERSITY HEAD OF DEPARTMENT OF FORENSIC PATHOLOGY:  
(*MEDICO-wLEGAL AUTOPSIES, TECHNIQUES, DOCKETS AND COURT WORK*)

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DATE: ..... NAME: ..... SIGNATURE: .....