



Maryland Department of Health
Vital Statistics Administration

Maryland Electronic Death Registration Medical Certifier Training Guide

Version 9.0

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Table of Contents

Getting Started with MD-EDRS	3
New Users to MD-EDRS	4
Logging onto MD-EDRS	6
Creating a New Record - Users Working at a Single Medical Facility	7
Creating a New Record - Users Working at Multiple Medical Facilities	9
Entering the Medical Information.....	11
Validating the Medical Information.....	13
Attesting of the Certificate	15
Unlocking an Attested Certificate.....	16
Transferring the Certificate to the Funeral Home.....	17
Printing a Working Copy of the Certificate	18
Referring a Case to the Medical Examiner	19
Editing Your User Profile	21
MD-EDRS Help Desk Information	22

Getting Started with MD-EDRS

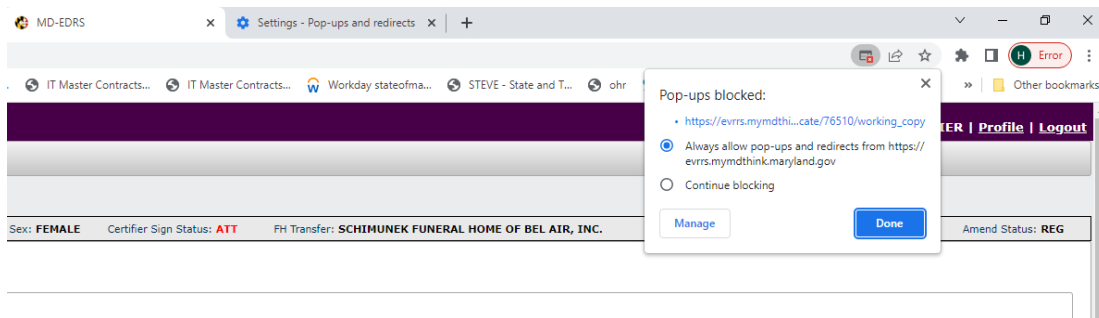
MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser (Chrome is the recommended web browser)
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

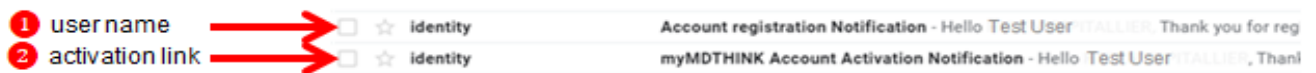
Configuring your website to allow for pop-ups will depend on which web browser you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web browser is allowing pop-ups.



For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

New Users to MD-EDRS

1. After the user account is created in MD-EDRS, the user will receive two emails from identity@MarylandBenefits.gov
2. If you do not receive the 2 emails from identity@MarylandBenefits.gov check your SPAM folder. If not found, contact edrs.help@maryland.gov
3. One email provides the ① user name for their new MD-EDRS account and the second email provides the ② activation link that they will click on to activate their account.



4. Upon clicking on the 'Activation Link' the user will be taken to the 'Maryland Electronic Vital Records Registration System'.



5. Review the new password policy rules as stronger passwords are now required::
 - * The new password must be between fourteen (14) and twenty (20) characters.
 - * The new password must contain at least two of each of the following:
 - * a. Uppercase letters.
 - * b. Lowercase letters.
 - * c. Numbers.
 - * d. Special characters. ~!@#\$\$%^*_+ -={}^&[][:;?.,
 - * The new password cannot contain blank spaces.
 - * The new password must not contain your Username or your first and last name.
 - * The new password must differ from your previous password by at least two (2) characters.
 - * The new password cannot be any one of your previous twenty four (24) passwords
 - * The new password cannot be a password that has been used in the last twelve months.
(example only: Rec!OrDer?2531*\$)

6. After reviewing the new password policy rules, enter your user name and new password and click “Submit”

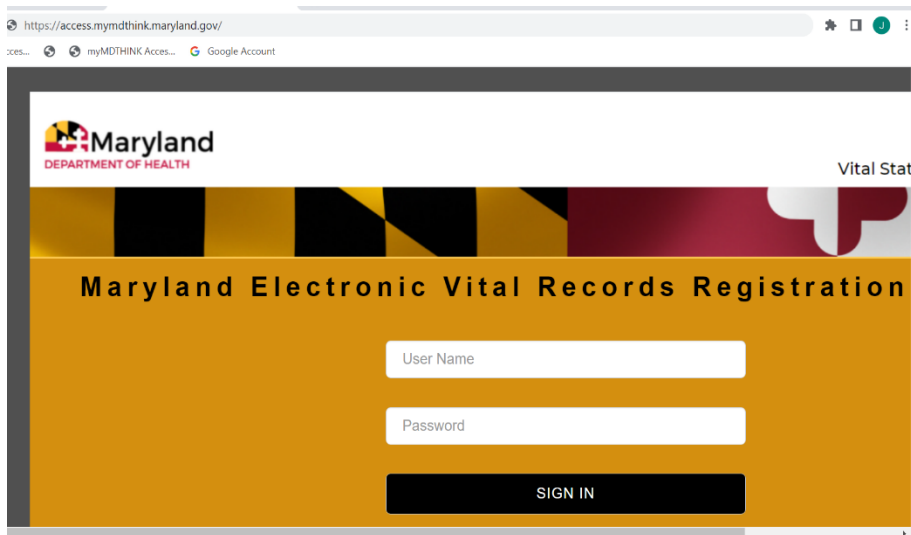
The screenshot shows a registration form on a yellow background. At the top, there is a password policy notice: "months. The new password must differ from your previous password by at least two (2) characters." Below this, the form has three input fields: "Username:", "Enter New Password:", and "Confirm Password:". To the left of the form, three red arrows point from labels to the respective input fields: "user name" points to the Username field, "password" points to the Enter New Password field, and "re-enter password" points to the Confirm Password field. Each password field has a "Show/Hide Password" link to its right. At the bottom of the form is a black "Submit" button and a pink "Help & Information" link.

7. Upon successful activation, the user will see a screen confirming the activation of their account and they can then click on ‘Sign In’.



Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: <https://evrrs.mymdthink.maryland.gov/md-edrs/>
2. Enter the username which has been assigned to you and the password that you created. Then click “SIGN IN.”



* If prompted by your browser to save your password, please click “NO”.

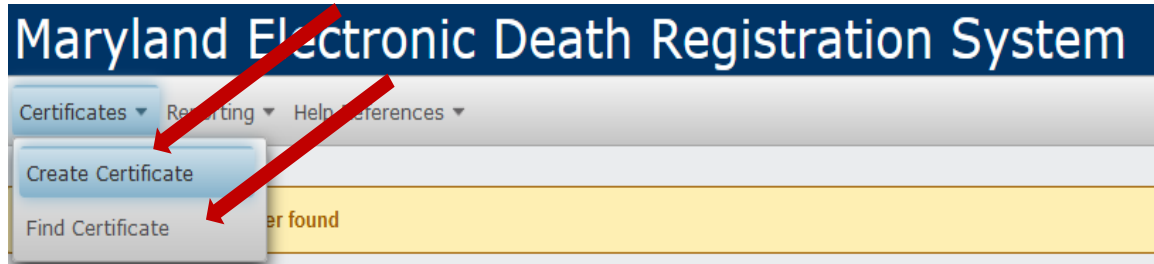
Please make a note of your username and password and store the information in a secure location. **After 3 unsuccessful login attempts, click on “Forgot password” and a link to reset your password will be sent to your email address of record.** If you have more than 3 unsuccessful login attempts you will be locked out of the system and will need to contact your EDRS Medical Facility Administrator or the Help Desk at edrs.help@maryland.gov to have your password reset.

3. Once you are logged in, the screen below will appear:

A screenshot of the Maryland Electronic Death Registration System (EDRS) interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. A welcome message reads 'Welcome, PHYSICIAN CERTIFIER'. Below this, a yellow warning banner states 'No default search filter found'. The main section is titled 'Search Filter' and contains a complex set of search criteria. Fields include: Last Name, AKA Last Name, DTN, Record Status, First Name, AKA First Name, Certificate Number, DC Workflow, Amended Last Name, Amended First Name, SFN, Creation Range, SR Date Range, Dod Range, ME Counter Sign Status, Hospital Facility, ME Ref #, MI Review, ME, Amend Status, and Amend Workflow. Each field is accompanied by a search icon or a dropdown menu. A 'Search' button is located at the top left of the filter section, and a 'Search Results' section is visible at the bottom.

Creating a New Record - Users Working at a Single Medical Facility

1. Once logged in, click on the Certificate tab and then “Create Certificate”:



2. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent’s information and click “Continue.”

Maryland Electronic Death Registration System

Certificates Reporting Help References

Create New Certificate

The following types of cases must be reported to the Office of the Chief Medical Examiner at (410) 333-3271 BEFORE beginning an electronic death record:

1. Non-natural deaths (accidents, suicides, homicides, etc.);
2. Deaths involving an injury (including but not limited to: gunshot wounds, stab wounds, and lacerations);
3. Deaths involving a fracture (including but not limited to: skull fractures and rib fractures);
4. Deaths involving the use of drugs and/or alcohol; and
5. Deaths involving environmental hypothermia or hyperthermia.

I confirm that:
This is not a medical examiner case, as described above. OR
I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.

Decedent's Legal First Name: jane
Legal Middle Name: m
Legal Last Name: doe Suffix: --
Date of Death (MM/DD/YYYY): 01/05/2015
Time of Death (HH:MM 24 hour): 0105
Sex: FEMALE
County of Death: FREDERICK

Continue Cancel

**** NOTE:** Any records that have been started by other users for the same decedent in the system will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent’s last name. and complete the Medical Information section of the record.

Certificates Reporting Help References

Potential Duplicate Record Browser

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Create Record Cancel

Displaying rows 0 to 0 of 0

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Sta
No records found.							

Displaying rows 0 to 0 of 0

Other Potential Duplicates in Jurisdiction

Last Name	First Name	Date of Death	Creating Org
DOE	JANE	2015-02-25 00:00:00.0	FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.

3. Complete the Medical Information section of the record.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015**

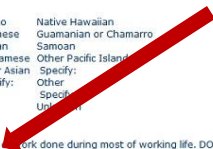
The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix:

5. Social Security Number
6. Sex: **FEMALE**
8. Date of Birth: Age Type:
7. Age Type:
9. Place of Birth, Address Type: **US STATE** State:
10a. Usual Residence of Decedent: Address Type: **US STATE** State:
10b. County:
10c. City, Town, or Location
10d. Inside City Limits:
10e. Street Number: Street Name: Apt/Suite/Unit:
10f. Zip Code:
11. Marital Status:
12. Was Decedent Ever in U.S. Armed Forces:
13. Was Decedent of Hispanic Origin:
14. Race:
White
Black or African American
American Indian / Alaska Native
Tribe:
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian
Specify:
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Specify:
Other
Specify:
Use

15. Decedent's Education:
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired):

Personal Information Medical Information Funeral Director Certificate View

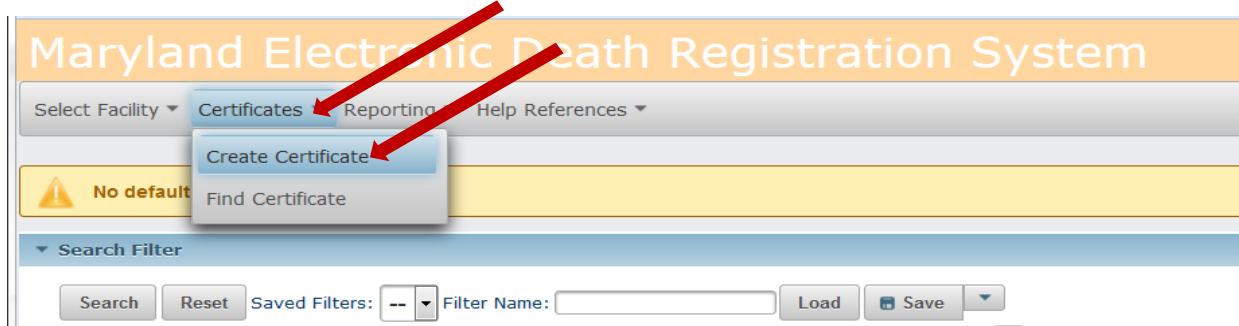


Creating a New Record - Users Working at Multiple Medical Facilities

1. Once logged in, click on the Select Facility tab and then select the appropriate facility.



2. Click on the Certificates tab and then "Create Certificate":

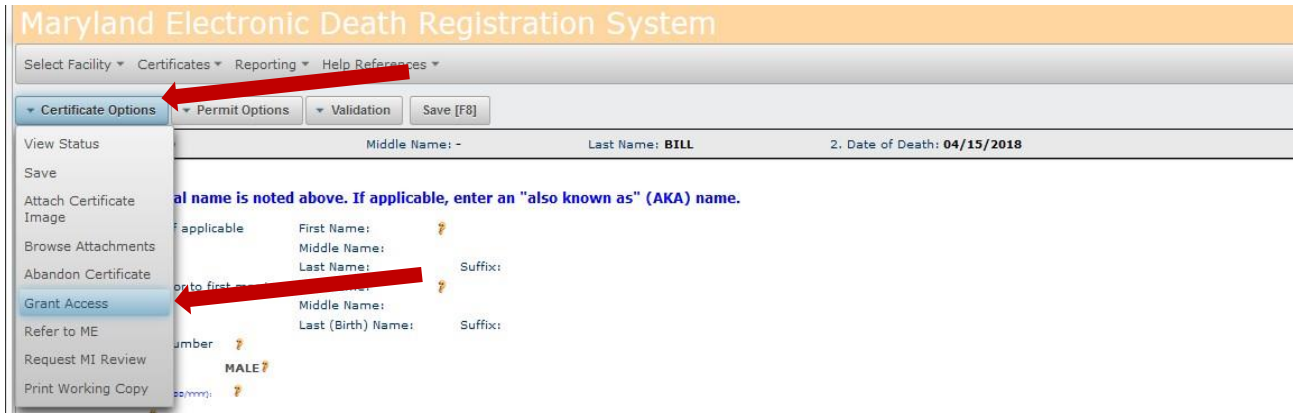


3. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS, Enter the decedent's information and click "Continue".

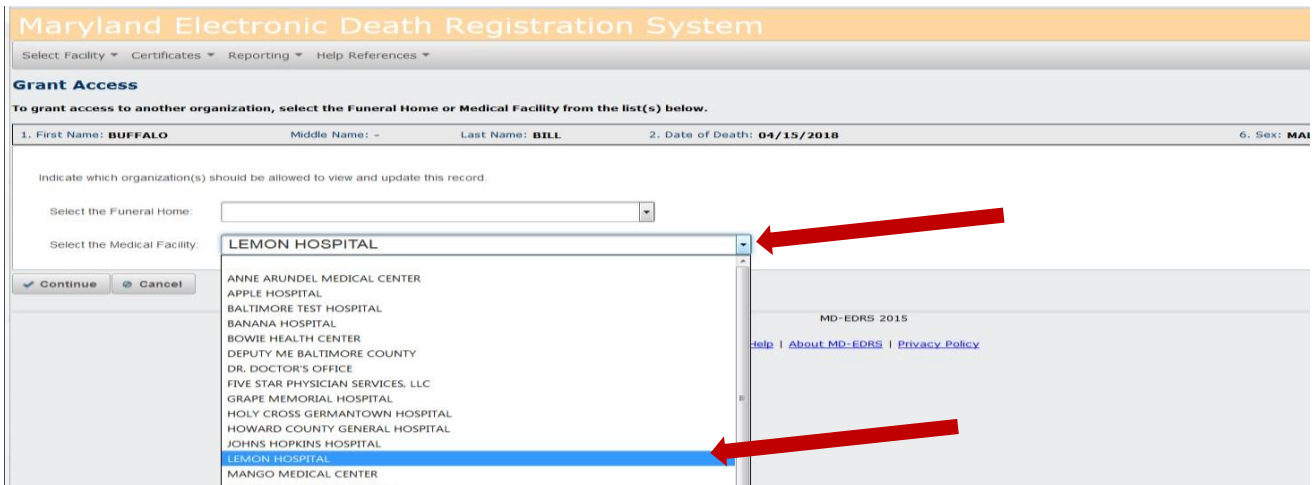
The screenshot shows the 'Create New Certificate' form. A red box highlights the confirmation section, which includes a list of case types that must be reported to the Office of the Chief Medical Examiner. A red arrow points to the checkbox labeled 'I confirm that:'. Below the checkbox, there is a text field for 'This is not a medical examiner case, as described above: OR' and a text field for 'I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.'. The form also includes fields for 'Decedent's Legal First Name' (captain), 'Legal Middle Name' (-), 'Legal Last Name' (crunch), 'Suffix' (--), 'Date of Death (MM/DD/YYYY)' (04/17/2018), 'Time of Death (HHMM 24 hour)' (1515), 'Sex' (MALE), and 'County of Death' (BALTIMORE CITY). A red arrow points to the 'County of Death' field. At the bottom, there is a text field for 'The record is assigned to the following Medical Facility:' (GRAPE MEMORIAL HOSPITAL).

Please note which medical facility the certificate is assigned to. If assigned to the wrong facility, please click on "Certificate Options" and then "Grant Access".

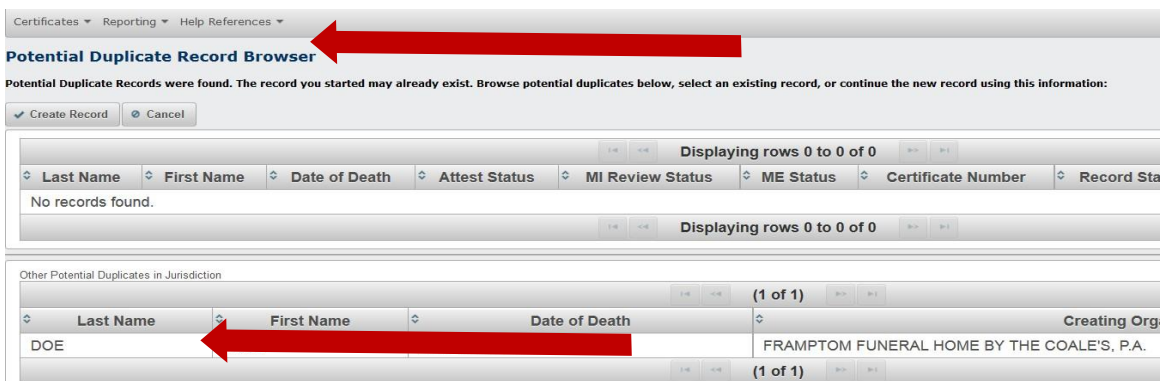
- To grant access to another medical facility, click on “Certificate Options” and then “Grant Access”.



- Under the Medical Facility drop down list, select the correct medical facility and click on “Continue”.



****NOTE:** If any records have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent’s last name and complete the Medical Information section of the record’



Entering the Medical Information

1. Once the following screen appears, Click on the Medical Information tab on the bottom of the page.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **JANE** Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015**

The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix:

5. Social Security Number
6. Sex: **FEMALE**
8. Date of Birth: Age Type:
7. Age Type:
9. Place of Birth. Address Type: **US STATE** State:
10a. Usual Residence of Decedent: Address Type: **US STATE** State:
10b. County:
10c. City, Town, or Location:
10d. Inside City Limits:
10e. Street Number: Street Name: Apt/Suite/Unit:
10f. Zip Code:
11. Marital Status:
12. Was Decedent Ever in U.S. Armed Forces:
13. Was Decedent of Hispanic Origin:
14. Race:
White Black or African American American Indian / Alaska Native Asian Indian Chinese Filipino Japanese American Indian / Alaska Native Korean Vietnamese Other Asian Specify: Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other Specify: Other Specify:
15. Decedent's Education:
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired):

Personal Information **Medical Information** Funeral Director Certificate View

2. The following screen will appear. You should complete the items on this page as you currently do on the triplicate paper copy of the Death Certificate.

Maryland Electronic Death Registration System Welcome, LETA WATSON | Profile |

Select Facility Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **ROGER** Middle Name: **-** Last Name: **RURURU** 2. Date of Death: **08/06/2020** 6. Sex: **MALE** Certifier Sign Status: **UN ATT** FH Transfer: **NOT TRANS** Certificate: **2220** Record Status: **INC** Amend Status: **-**

1. Decedent's Legal First Name: **ROGER** Middle Name: **-** Last Name: **RURURU** Suffix: **--**

2. Date of Death (MM/DD/YYYY): **08/06/2020**

3. Time of Death: **1456**

8. Date of Birth: Age Type: **--**

7. Age Type: **--**

4c. County of Death: **BALTIMORE CITY**

26. Place of Death: **--**

Medical Facility: **--**

4a. Facility Name (if not an institution, enter the street number and name below): Street Number: Street Name: Apt/Suite/Unit:

4b. City or Town: Zip Code: **--**

23a. Part I

*****REPORTING COVID-19: ENTER 'COVID-19' FOR CONFIRMED CASES OR 'PROBABLE COVID-19' IF AWAITING TEST RESULTS*****

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

Add additional lines if necessary.

Immediate Cause (Final disease Or condition resulting in death)

a. Due to (or as a consequence of):

b. Due to (or as a consequence of):

Approximate Interval Between Onset and Death

Personal Information **Medical Information** Funeral Director Certificate View

Medical Certifier Tr...docx Medical Certifier Tr...docx


Open file Open file Show all

- The decedent's date of birth field is located in the "Medical Information" tab. If the date of birth is known and the decedent is 1 year old or older, enter the date. It is not necessary to select the age type since the age in years will auto-calculate upon saving.

2. Date of Death (MM/DD/YYYY): 08/06/2020 ?

3. Time of Death: 1456 ?

8. Date of Birth:(MM/DD/YYYY): ?




- If the decedent's date of birth is not known, enter UNK in the date of birth field and select UNKNOWN as the age type from the drop-down list.

2. Date of Death (MM/DD/YYYY): 08/06/2020 ?

3. Time of Death: 1456 ?

8. Date of Birth:(MM/DD/YYYY): ?

7. Age Type: ?



- If the decedent is under one year of age, enter the date of birth and select the age type (months, days, hours or minutes) from the drop-down list.

****PLEASE NOTE****

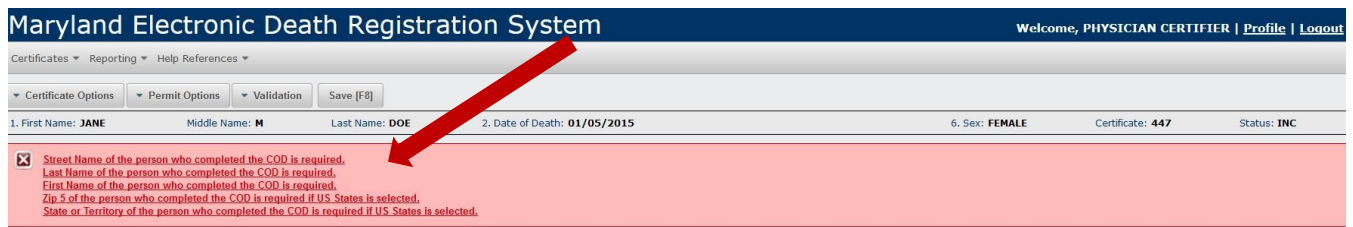
- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is "Decedent's Home" or "Other."
- If the Manner of Death is "Natural," items 28a-28g should be skipped.
- Clicking on the ? next to each item will provide explanatory information on completing the item.
- "Approximate interval between onset and death" and "Contributing Causes" are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-) or UNK.

Validating the Medical Information

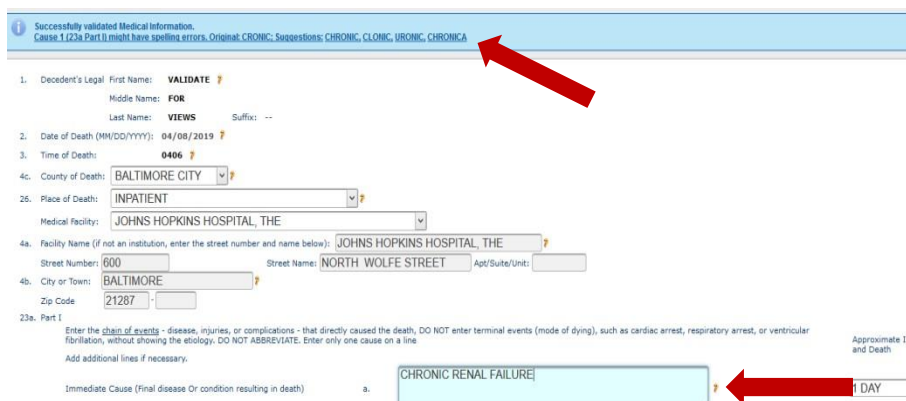
1. After the information on the Medical Information tab has been entered, click on the Validation tab near the top of the screen and then on “Validate MI” to check for any errors. It may take a moment for the information to be validated.



2. If any errors are identified, they will be listed on the screen and should be corrected in order to proceed.



3. The VIEWS II functionality enables improved cause of death data validations during data entry. If there are any VIEWS II suggestions for corrections, they will appear in the blue bar. If applicable, click on the suggested correction and the system will automatically update the information.



- If the VIEWS II suggestions are not applicable and the record is ready to be attested, select 'Certificate Options' and then Attest Certifier. As a data entry verification measure, the system will automatically run the VIEWS II suggestion(s) a second time. In order to proceed with attesting the record without updating the record, select 'Save and Attest'.

The screenshot shows the 'Save and Attest' button highlighted with a red arrow. Below the button, a message states: 'Please address the validation suggestions below if necessary. Click Save and Attest above when ready to continue.' A blue information box below that says: 'Successfully saved the Certificate. Cause 1 (23a Part II) has abbreviation ambiguity. Original: AIDS; Suggestions: ACQUIRED IMMUNODEFICIENCY SYNDROME.'

1. Decedent's Legal First Name: CHECK ?
Middle Name: FOR
Last Name: NONVIEWS Suffix: --

2. Date of Death (MM/DD/YYYY): 04/15/2019 ?

3. Time of Death: 0800 ?

4c. County of Death: BALTIMORE CITY ?

26. Place of Death: INPATIENT ?
Medical Facility: JOHNS HOPKINS HOSPITAL, THE

4a. Facility Name (if not an institution, enter the street number and name below): JOHNS HOPKINS HOSPITAL, THE ?
Street Number: 600 Street Name: NORTH WOLFE STREET Apt/Suite/Unit:

- When the information has been validated, a message indicating "Successfully Validated Medical Information" will appear. Click the Save[F8] tab to save the record.

The screenshot shows the 'Save [F8]' button highlighted with a red arrow. A blue information box above the button says: 'Successfully validated Medical Information.'

1. Decedent's Legal First Name: JANE ?
Middle Name: M
Last Name: DOE Suffix: --

- The certificate should be reviewed thoroughly for errors *before it is attested*. To review the certificate's content, click on the Certificate View tab located at the bottom of the screen. This step can be completed at any time.

The screenshot shows a 'Certificate of Death' form with a 'WORKING COPY' watermark and a 'TRAINING' watermark. The form contains the following information:

1. Decedent's Name, AKA Name (if any): JANE M DOE

2. Date of Death: 01/05/2015

3. Time of Death: 0105

4a. Facility Name: FREDERICK MEMORIAL HOSPITAL

4b. City, Town or Location of Death: FREDERICK

4c. County of Death: FREDERICK

5. Social Security Number: [REDACTED]

6. Sex: F

7. Age: [REDACTED]

8. Date of Birth: [REDACTED]

9. Birthplace: [REDACTED]

10a. Address: [REDACTED]

10b. City, Town or Location: [REDACTED]

10c. Inside City Limits? [REDACTED]

10d. Zip Code: [REDACTED]

11. Marital Status: [REDACTED]

12. Ever in U.S. Armed Forces? [REDACTED]

13. Hispanic Origin? [REDACTED]

14. Race: [REDACTED]

15. Decedent's Education: [REDACTED]

16a. Decedent's Usual Occupation: [REDACTED]

16b. Business/Industry: [REDACTED]

17. Father's Name: [REDACTED]

18. Mother's Name Prior to First Marriage: [REDACTED]

19. Surviving Spouse's Name: [REDACTED]

20a. Informant's Name: [REDACTED]

20b. Informant's Relationship: [REDACTED]

20c. Informant's Mailing Address: [REDACTED]

21a. Method of Disposition: [REDACTED]

21b. Place of Disposition: [REDACTED]

21c. Date of Disposition: [REDACTED]

21d. Location: [REDACTED]

22a. Signature of Funeral Service Licensee: [REDACTED]

22b. License No: [REDACTED]

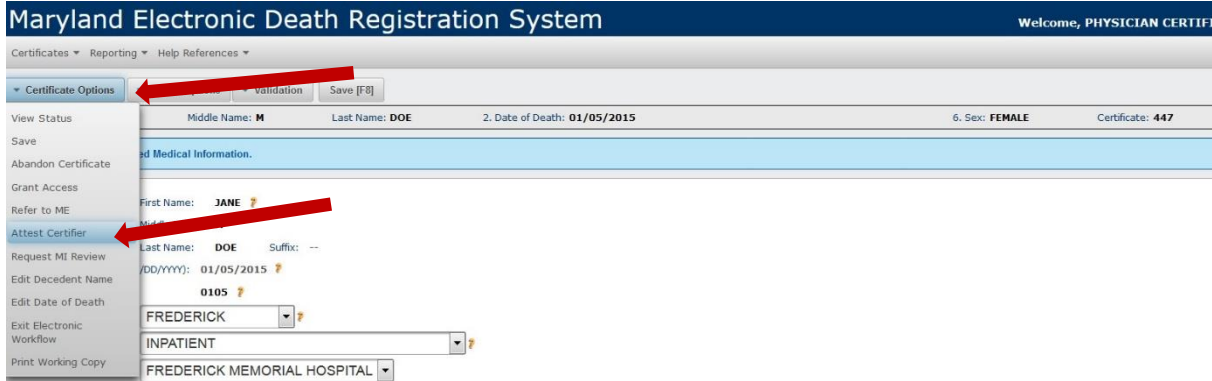
22c. Name and Address of Funeral Facility: [REDACTED]

23a. Part I. Disease, injuries, or complications that directly caused the death
CAUSE
Immediate Cause (that disease or condition resulting in death) Due to (or as a consequence of)
Conditions, if any, leading to immediate cause Due to (or as a consequence of)

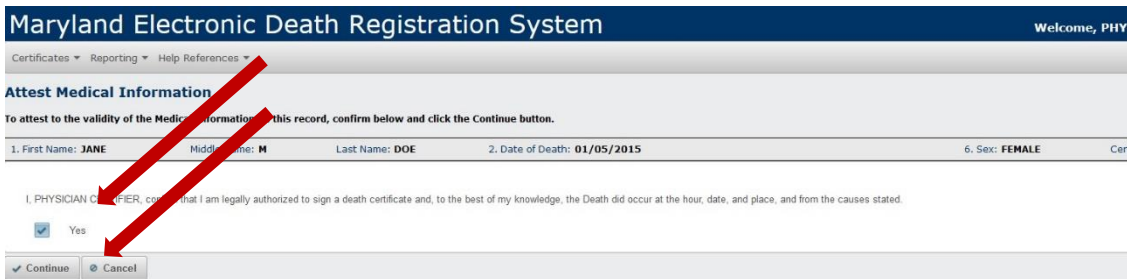
Buttons at the bottom: Personal Information, Medical Information, Funeral Director, Certificate View

Attesting of the Certificate

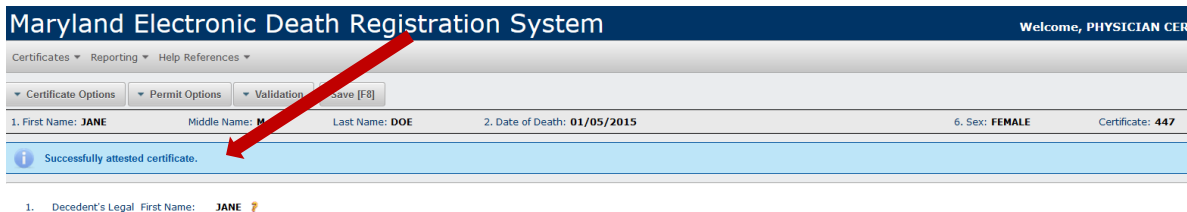
1. If the Medical Certifier (physician, certified nurse practitioner, physician assistant) has personally entered the Medical Information, he or she may immediately certify the information by clicking on the Certificate Options tab and then on “Attest Certifier.”



2. When the following page appears, the Medical Certifier should check “Yes” and then “Continue.”



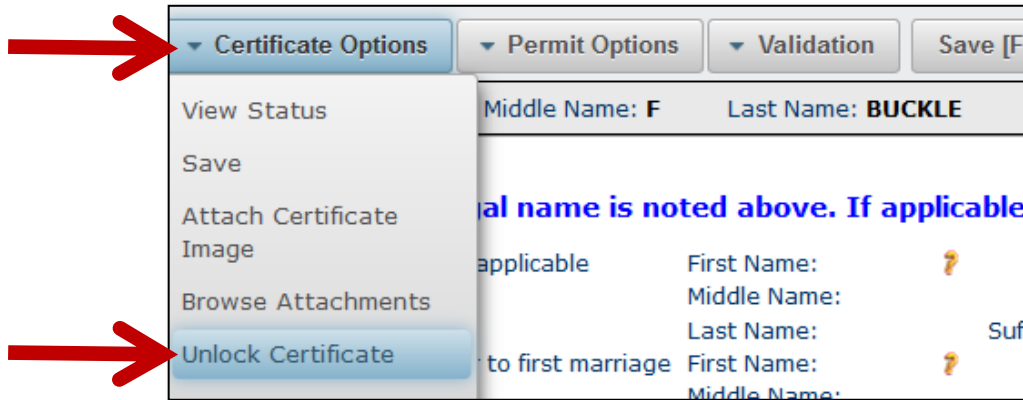
A message will appear indicating that the certificate was successfully attested. The record is **now signed and locked.**



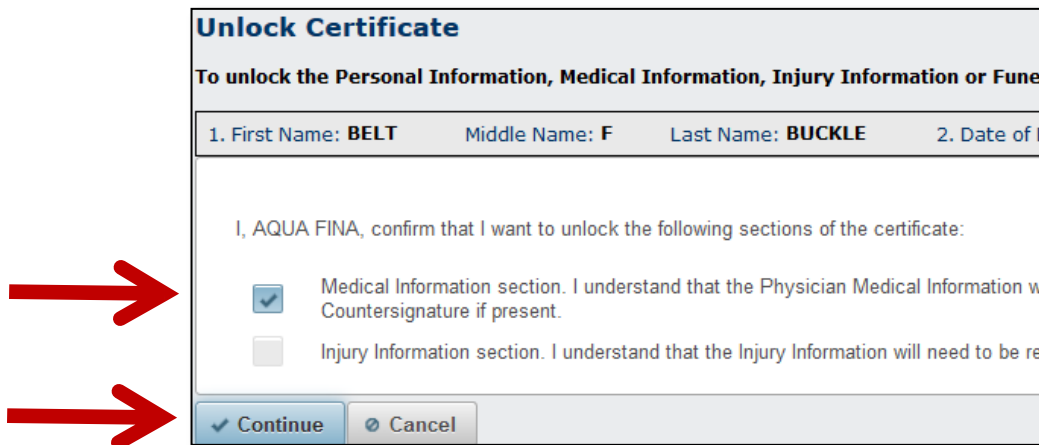
If the Medical Information was completed by a hospital/facility staff member who is NOT the Medical Certifier, the record should be saved, and the Medical Certifier must log onto the system **USING HIS OR HER OWN LOGON AND PASSWORD**, locate the record, and personally attest to the information on the certificate.

Unlocking an Attested Certificate

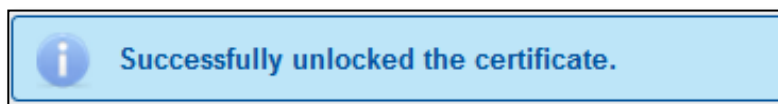
1. A medical certifier can unlock the medical section of a record that has been attested **but not yet registered** by going to Certificate Options and selecting “Unlock Certificate.”



2. At the pop-up window, check the first box to unlock the Medical Information section and then click on ‘Continue.’



3. After successfully unlocking the Medical Information Section, the following message will appear and the medical information can be edited



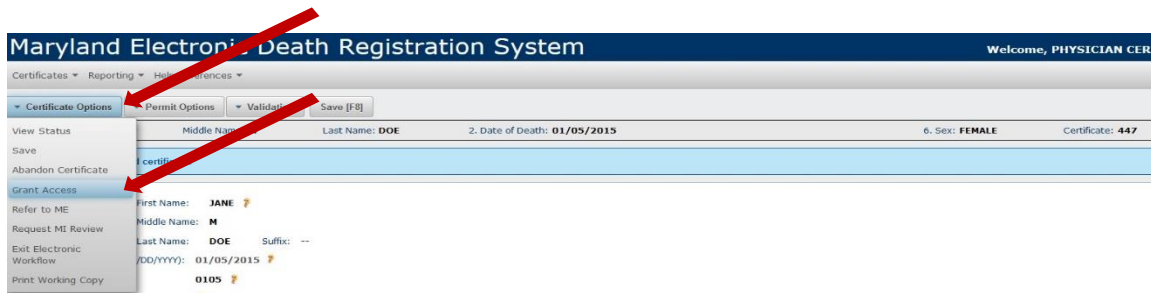
4. Once the information has been updated, the record **must be attested again.**

Transferring the Certificate to the Funeral Home

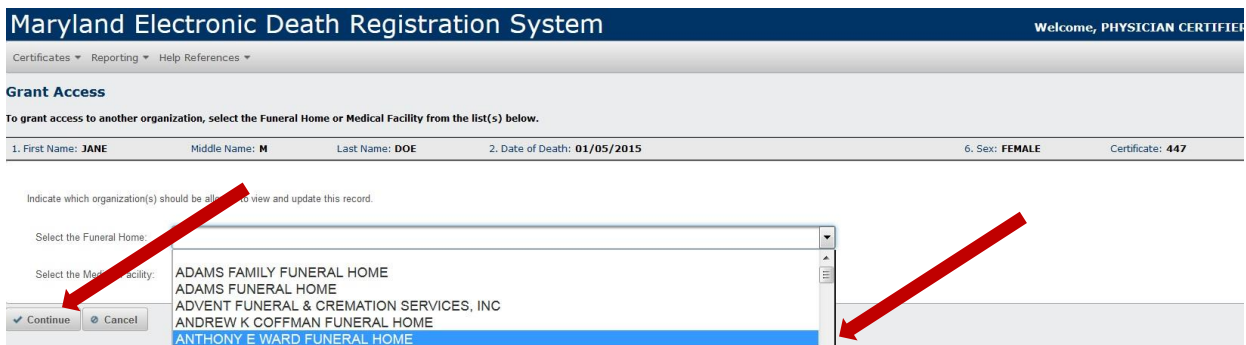
Transferring an electronic record can be done at various stages:

- The Medical Certifier and/or staff may transfer a record to a funeral home any time after the record is first created.
- It is not necessary to wait until the Medical Certifier has signed the record to make the transfer.
- The Medical Certifier and the Funeral Director may work on the record concurrently.
- The Medical Certifier and/or his or her staff may also transfer the record after it is signed by the Medical Certifier.

1. To transfer a record to a funeral home, select “Grant Access” from ‘Certificate Options’.



2. Select the funeral home from the drop-down menu and then click “Continue.”. If the funeral home is registered with MD-EDRS, the name will appear on the drop-down menu. If the name of the funeral home does not appear, please contact the help desk at edrs.help@maryland.gov.

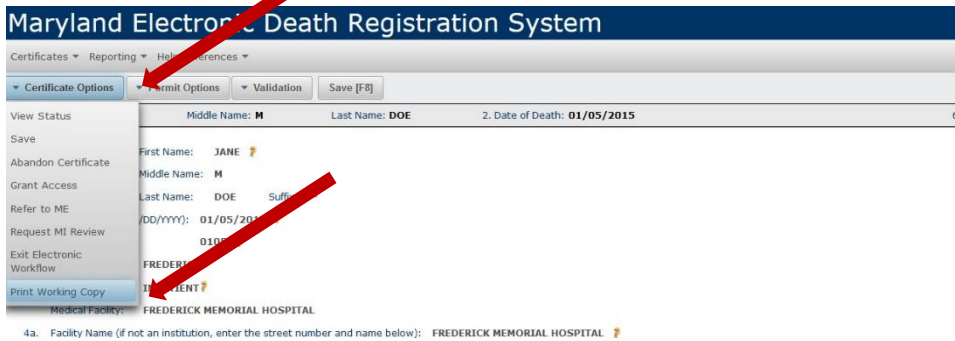


3. You should receive a message that the record has been successfully transferred. The funeral home will now be able to access and complete the record.



Printing a Working Copy of the Certificate

1. A printed “Working Copy” of the record should accompany the remains when transported to the funeral home. To print a Working Copy of the record, click on the Certificate Options tab and select “Print Working Copy.”



Maryland Electronic Death Registration System

Certificate Options | Permit Options | Validation | Save [F8]

View Status | Middle Name: M | Last Name: DOE | 2. Date of Death: 01/05/2015

Save | Abandon Certificate | Grant Access | Refer to ME | Request MI Review | Exit Electronic Workflow | **Print Working Copy**

First Name: JANE | Middle Name: M | Last Name: DOE | Suffix: | DOB (MM/DD/YYYY): 01/05/2015 | Medical Facility: FREDERICK MEMORIAL HOSPITAL

4a. Facility Name (if not an institution, enter the street number and name below): FREDERICK MEMORIAL HOSPITAL

The following Working Copy of the Certificate of Death will appear. It will include all of the information that has been added to the record at the time the copy is printed, and can be printed at any time.

Printed on 09/15/2015 15:29:16 Printed By CERTIFIER, PHYSICIAN (PHYSICIAN)
File Number

Certificate of Death

1. Decedent's Name, AKA Name (if any) JANE M DOE		2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK	4c. County of Death FREDERICK
5. Social Security Number	6. Sex F	7. Age	8. Date of Birth
9. Birthplace			
Usual Residence of Decedent 10a. State		10b. County	10c. City, Town or Location
10d. Inside City Limits?			10e. Address
10f. Zip Code			
11. Marital Status	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?	14. Race
15. Decedent's Education		16a. Decedent's Usual Occupation	16b. Business/Industry
17. Father's Name		18. Mother's Name Prior to First Marriage	
19. Surviving Spouse's Name			
20a. Informant's Name	20b. Informant's	20c. Informant's Mailing Address	

WORKING COPY

The Working Copy should accompany the remains when the deceased is transported to the funeral home.

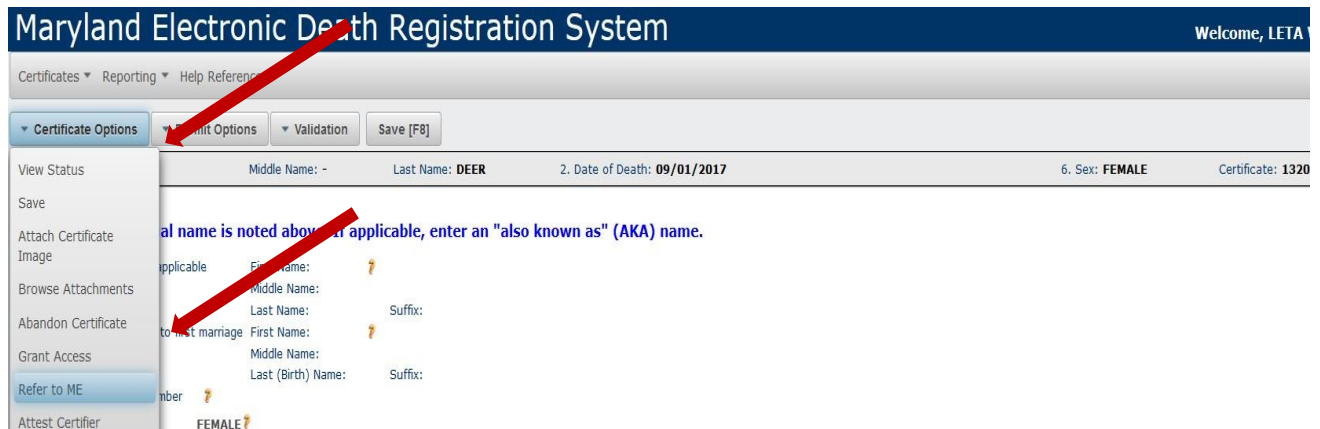
****NOTE:** Printing the Working Copy on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable pop-ups on your web browser in order to view and print the Working Copy.

Referring a Case to the Medical Examiner

The following conditions and types of deaths might seem to be specific or natural, but when the medical history is examined further it may be found to be from complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

- Asphyxia
- Epidural hematoma
- Bolus
- Exsanguination
- Choking
- Fall
- Drug or alcohol overdose/drug or alcohol abuse
- Fracture
- Hip fracture
- Pulmonary emboli
- Subdural hematoma
- Hyperthermia
- Seizure disorder
- Surgery
- Hypothermia
- Sepsis
- Thermal burns/chemical burns
- Open reduction of fracture
- Subarachnoid hemorrhage

1. In order to refer the record to the ME, click on “Certificate Options”, then click on “Refer to ME”



2. Select the reason for referral in the drop-down list.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Refer to Medical Examiner

To refer this certificate to the Medical Examiner, enter a referral reason.

1. First Name: **JENNIFER** Middle Name: - Last Name: **DEER** 2. Date of Death: **09/01/2017**

Please select or enter the reason for referral.

Referral Reason:

Continue Cancel

- Acute alcoholism
- Aspiration**
- Communicable Disease, Reportable
- Cutting
- Death in whole or in part by criminal means
- Deaths associated with known or alleged rape or cr
- Deaths caused by a criminal act of another

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3. Once the referral reason has been selected from the drop down menu, the referral reason will prepopulate in the first field. Click on the “Continue” button.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Refer to Medical Examiner

To refer this certificate to the Medical Examiner, enter a referral reason.

1. First Name: **JENNIFER** Middle Name: - Last Name: **DEER** 2. Date of Death: **09/01/2017** 6. Sex: **FEMALE**

Please select or enter the reason for referral.

Referral Reason:

Continue Cancel

4. You will see “Successfully referred certificate to the Medical Examiner’s Office”

Maryland Electronic Death Registration System

Certificates Reporting Help References

▼ Certificate Options ▼ Permit Options ▼ Validation Save [F8]

1. First Name: **JENNIFER** Middle Name: - Last Name: **DEER** 2. Date of Death: **09/01/2017** 6. Sex: **FF**

Successfully referred certificate to the Medical Examiner's office.

MD-EDRS Help Desk Information

MD-EDRS technical support is available by email at edrs.help@maryland.gov

E-mails received between 8 am - 4 pm, Monday through Friday will be responded to within one hour. E-mails received between 7 am - 7 pm on weekends and holidays will be responded to within four hours. Any e-mails received after these times, will be responded to the following day.