

VIRGINIA DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS

**ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS) USER  
MANUAL FOR  
PHYSICIANS & PHYSICIANS' STAFF**

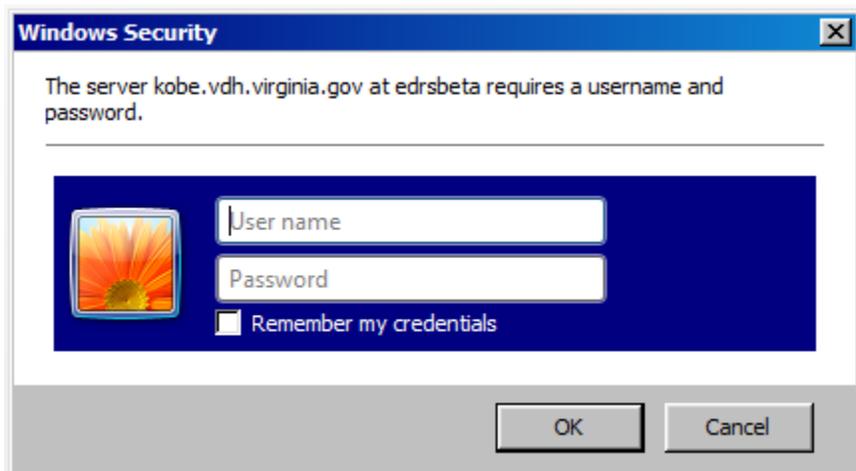
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# 1. GETTING INTO THE EDRS

## STEP 1.

Once you have launched the EDRS using the URL provided to you, you will see a pop-up box to enter your user name and password to log into the application. (See illustration below)



Enter your username and password and click OK.

## STEP 2.

You may view your messages in the inbox displayed on the resulting screen. Click on Continue to navigate to the next screen. In order to delete the messages from your inbox, simply check the box next to the message that you wish to delete and click on Continue.



### Virginia Vital Events And Screening Tracking System

#### New Messages

Please check the box to acknowledge each message and click Continue button to continue to the application

	From	Subject	Date Received
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Case No. 431 has been accepted by BON SECOURS ST. MARY'S HOSPITAL	07/10/2014
	Case No. 431 for CARL GALLUP has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.		
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification completed for Case No. 431	07/10/2014
	Dr.STMARY_PH_1, STMARY_PH_1 has certified the Case No. 431 for CARL GALLUP.		
<input type="checkbox"/>	Diman, Krystina (MORRISSETT FUNERAL HOME AND CREMATION SERVICE)	Out of State Transit Permit approval Requested for Case No. 95	07/10/2014
	MORRISSETT FUNERAL HOME AND CREMATION SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 95 for CHRISTY COLES. The permit is now available for your review.		
<input type="checkbox"/>	Totman, Jane (METROPOLITAN FUNERAL SERVICE INC.)	Out of State Transit Permit approval Requested for Case No. 327	07/10/2014
	METROPOLITAN FUNERAL SERVICE INC. has submitted an Out of State Transit Permit for your approval for Case No. 327 for KHAL DROGO. The permit is now available for your review.		
<input type="checkbox"/>	Vr_User_1, Vr_User_1 (VITAL RECORDS)	State File Number assigned for Case No. 431	07/10/2014
	A State File Number has been assigned to Case No. 431 for CARL GALLUP by the Division of Vital Records		
<input type="checkbox"/>	Baker, Tyra (CHINN FUNERAL SERVICE)	Out of State Transit Permit approval Requested for Case No. 440	07/10/2014
	CHINN FUNERAL SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 440 for SAMUEL BELL. The permit is now available for your review.		



[HELP](#)

EBLHML

**STEP 3.**

The next screen is the Virginia Vital Events and Screenings Tracking System Screen Menu with all the modules. Based on your role, you will only have access to the EDRS. Click on the EDRS module to continue.

**Virginia Vital Events And Screening Tracking System**

Birth Certificate Reporting      Certified      Correspondence Tracking System      Virginia Infant Screening and Infant Tracking System

Electronic Death Registration System      Maintenance

Messages(6New)      Password Reset      Application Assistant      Logout

**Warning:** This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

[HELP](#) FRXVII

The resulting screen is the **EDRS Home screen.**

**Electronic Death Registration System**      User: Staff Da\_Group(DA\_STAFF)  
Facility: Xyz Greater Richmond Hospital

**Death Registration Menu**

- Create Case
- Active Cases
- Completed Cases
- Fetal Death Assignments
- Release Decedent
- Reports/Extracts
- User Preferences
- Message Center(2)
- EDRS Menu
- VVESTS Menu
- Logout

Recent Active Cases-(HOSP_DA, HOSP_OFFICE)							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
4884	Green Border	RITA, CHENG	FEMALE	01/01/2010	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
4583	RB - OCME	SSSSS, SSS, AASAS	MALE		02/01/2014	XYZ GREATER RICHMOND HOSPITAL	Dropped to Paper
4448	Green Border	ASDASD, ASDASD, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4447	Green Border	SDCFDSF, SDFDF, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4446	Green Border	JENNY, RANDALL	FEMALE	02/15/1980	04/05/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
4445	Green Border	POOL1, POOL1	MALE		01/01/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4444	Green Border	DOC2, DOC2, DOC2	MALE		05/01/2013	MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4443	Green Border	DOC1, DOC1, DOC1	NOT DETERMINE			MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress
4423	Green Border	ASDASD, ASDSADD	MALE			XYZ GREATER RICHMOND HOSPITAL	Medical Certification In-progress
4286	Green Border	LEENA, JOSE	FEMALE		02/10/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress

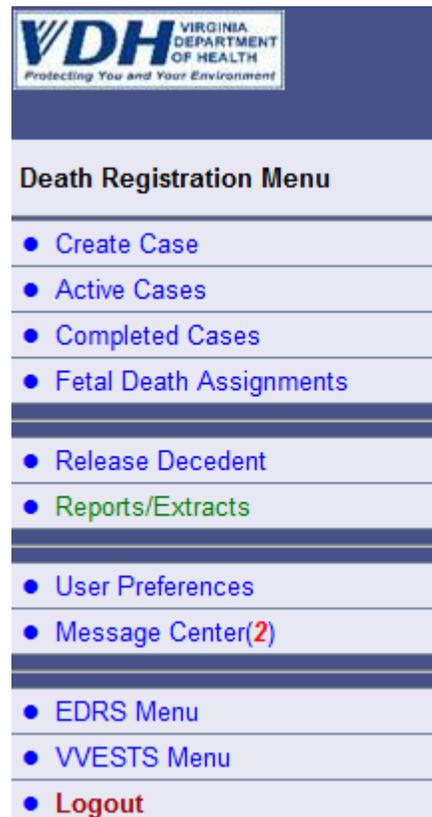
1 - 10 of 31 Click Active Cases for Complete list

[EDVHOM](#)

## 2. THE BASICS

### 2.1. THE NAVIGATION BAR -

To the left of the screen is the Navigation Bar which houses various links allowing you to move around in the system. This Navigation Bar is very dynamic in nature and will change from user to user based on what roles a user has.



### 2.2. SETTING USER PREFERENCES –

Click on the user preferences link in the navigation bar. On the resulting screen, you may enter up to three e-mail addresses to receive notifications pertaining to cases in your facility. You may also choose the type of notifications you wish to receive.

A screenshot of the 'Electronic Death Registration System' User Preferences page. The page has a blue header with the VDH logo on the left, the title 'Electronic Death Registration System' in the center, and user information 'User: Staff Da\_Group(DA\_STAFF)' and 'Facility: Xyz Greater Richmond Hospital' on the right. Below the header is a navigation bar with 'Death Registration Menu' and 'User Preferences'. The 'User Preferences' section contains a form with the following elements: a title 'This system is designed to help you keep informed of any changes related to death certificate cases you are involved by sending E-mail notifications', a sub-title 'If you would like to be notified of status changes related to your cases, please enter E-mail address(es)', three input fields for 'Primary E-mail Address:', 'Second E-mail Address:', and 'Third E-mail Address:', a list of notification types with checkboxes, and a 'Save' button. Two red arrows point to the email fields with the text 'UPTO THREE EMAIL ADDRESSES' and to the notification list with the text 'TYPES OF NOTIFICATIONS'. A blue link 'EDIUEN' is located at the bottom right of the page.

### 3. ACCEPTING A CASE

- A case may have been assigned to you by your facility's staff, or by a funeral home for medical certification. As a physician or physician's staff, prior to completing medical certification, you would need to assume ownership of the case. Select your desired case from the Active Cases list by clicking on the CASE ID hyperlink. (*illustration below*)

**Electronic Death Registration System** User: Phys\_Mc Phys\_Mc(PHYS\_MC) Facility: Bon Secours St. Mary'S Hospital

Death Registration Menu Case Summary Case#: 4993; Decedent: NADAL, NADAL

Case ID	Case Type	Decedent Name	Gender	DOB	DOD	Current Owner	Status
<a href="#">4993</a>	Green Border	NADAL, NADAL	MALE	01/01/1970	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification Requested
<a href="#">4970</a>	Green Border	NADAL, NADAL	MALE	01/01/2010	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification Requested
<a href="#">4968</a>	Green Border	RANI, RANI	FEMALE	01/01/2012	01/01/2013	VITAL RECORDS	Filed with DVR
<a href="#">4932</a>	Green Border	MARK, WAUGH	MALE	03/21/2014	05/27/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified
<a href="#">4925</a>	Green Border	JANE, SMITH	MALE	01/01/2010	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
<a href="#">4884</a>	Green Border	RITA, CHENG	FEMALE	01/01/2010	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
<a href="#">4703</a>	Green Border	SOFIA, VERGARA	FEMALE	01/01/2001	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified
<a href="#">4683</a>	Green Border	JOHN, STAMOS	MALE	01/01/2010	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
<a href="#">4663</a>	Green Border	TEST, TEST	MALE	01/01/2010	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified
<a href="#">4644</a>	Green Border	PHUNSUK, WAANGDU	MALE	11/24/1987	11/30/2013	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified

1 - 10 of 78 Click Active Cases for Complete list

[EDVHOM](#)

- Click on the ACCEPT CASE link at the top of the page.

**Electronic Death Registration System** User: Phys\_Mc Phys\_Mc(PHYS\_MC) Facility: Bon Secours St. Mary'S Hospital

Death Registration Menu Case Summary Case#: 4993; Decedent: NADAL, NADAL

[Accept Case](#) [Back to List](#) [Case History](#)

**Case Type**

Case Type	Green Border	Created By	XYZ FUNERAL HOME (SOUTHSIDE)
Is this Case for Other District?	Not Applicable	Is decedent body viewed at District?	Not Applicable

**Status Details**

Case Id:	4993	Signed By:	FH_DIR_LAST_NAME
Demographics Status:	Signed (Completed)	Certified By:	PHYS_MC, PHYS_MC
Medical Certification Status:	Case awaiting ownership	Owned By:	BON SECOURS ST. MARY'S HOSPITAL
Current Status:	Medical Certification Requested	Funeral Home:	XYZ FUNERAL HOME (SOUTHSIDE)
SSN Verification Status:	Unknown	Date Last Modified:	08/18/2014 11:55:39 AM
Date Created:	08/18/2014 11:51:10 AM		

**Demographics**

Decedent		<a href="#">Edit</a>	
Name:	NADAL, NADAL	Gender:	MALE
Age:	44 Years	Place of Birth:	Alabama
Date of Death:	01/01/2014 00:00:00 AM	Date of Birth:	01/01/1970 00:00:00 AM
Decedent ever in Armed Forces ?	NO	Social Security Number:	None
Residence Address		<a href="#">Edit</a>	

- On the next page, click on the ACCEPT button at the bottom of the page.

**VDH** VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

**Electronic Death Registration System**

User: Phys\_Mc Phys\_Mc(PHYS\_MC)  
Facility: Bon Secours St. Mary'S Hospital

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Death Registration Menu      **Accept the Case Ownership**      Case#: 4993; Decedent: NADAL, NADAL

**▼ Demographics**

**▼ Medical Certification**

- Determination of Death
- Cause of Death
- Other Factors
- Certification
- Assign to Funeral Home

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- Case Validation
- Case Summary
- Case Comments

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- Preview Certificate
- Create/Print Forms

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- EDRS Menu
- Logout

Notification

To: XYZ FUNERAL HOME (SOUTHSIDE)

Subject: Case No. 4993 has been accepted by BON SECOURS ST. MARY'S HOSPITAL

Case No. 4993 for NADAL, NADAL has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.

Back to Case Summary
Accept

[EDIEVT](#)

- A confirmation message will appear on the next screen.

**VDH** VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

**Electronic Death Registration System**

User: Phys\_Mc Phys\_Mc(PHYS\_MC)  
Facility: Bon Secours St. Mary'S Hospital

---

Death Registration Menu      **Accept Case**      Case#: 4993; Decedent: NADAL, NADAL

**▼ Demographics**

**▼ Medical Certification**

- Determination of Death
- Cause of Death
- Other Factors
- Certification
- Assign to Funeral Home

---

- Case Validation
- Case Summary
- Case Comments

---

- Preview Certificate
- Create/Print Forms

---

- EDRS Menu
- Logout

CONFIRMATION

Case has been accepted and ownership belongs to you.

[EDVNT2](#)

### 3.1. ENTERING MEDICAL INFORMATION

Medical information may be entered in the death record by the physician's staff or by the physicians themselves.

#### 3.1.1. DETERMINATION OF DEATH

Enter all information in the Determination of Death Screen. This screen will allow you to enter the date and time of death, as well as, choose whether the date and time of death were - **actual, approximate, presumed, or found on.** (See illustrations below)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier: ▼	Time of Death: 12:00 AM ▼	Time of Death Modifier: ▼
Was Medical Examiner Contacted?: ▼	Actual Date Of Death Approximate Date of Death Presumed Date of Death Date Found On		
Save Undo Previous Next			

[EDUDED](#)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier: ▼	Time of Death: 12:00 AM ▼	Time of Death Modifier: ▼
Was Medical Examiner Contacted?: ▼	Actual Time Of Death Approximate Time of Death Presumed Time of Death Time Found On Unknown Time of Death		
Save Undo Previous Next			

[EDUDED](#)

Save the information and navigate to the next screen. This will take you to the CAUSE OF DEATH screen.

### 3.1.2. CAUSE OF DEATH

Below is an illustration of the Cause of Death screen.

Cause of Death
Case#: 454; Decedent: GRISHAM,JOHN

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications-that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

	Cause of Death	Interval between Onset and Death
Line(a)	Immediate Cause (Final disease or condition resulting in death) <input style="width: 95%;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%;" type="text"/>
Line(b)	Due or as a consequence of <input style="width: 95%;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%;" type="text"/>
Line(c)	Due or as a consequence of <input style="width: 95%;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%;" type="text"/>
Line(d)	Due or as a consequence of <input style="width: 95%;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%;" type="text"/>
	Other Significant Conditions <input style="width: 95%;" type="text"/> <small>Maximum Text Length: 240 Characters Left: 240</small>	

Save
Undo
Previous
Next

EDICOD

- For pending cause of death, check the pending checkbox. This will populate all cause of death lines with the word "PENDING" un-checking the checkbox will remove the word PENDING.

Check if Cause of Death has not yet been determined or is PENDING

	Cause of Death
Line(a)	Immediate Cause (Final disease or condition resulting in death) <input style="width: 95%;" type="text" value="PENDING"/>
Line(b)	Due or as a consequence of <input style="width: 95%;" type="text" value="PENDING"/>
Line(c)	Due or as a consequence of <input style="width: 95%;" type="text" value="PENDING"/>
Line(d)	Due or as a consequence of <input style="width: 95%;" type="text" value="PENDING"/>
	Other Significant Conditions

### 3.1.2.1. VIEWS (CDC) CAUSE OF DEATH VALIDATION

- Misspelling a cause of death, (medical term), will give you a warning in sync with the web service provided by the Center for Disease Control (CDC). (See illustration below, *TUBERCULOSIS has been misspelled as T.U.B.E.R.C.L.O.S.I.S*)

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications-that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

Cause of Death		Interval between Onset and Death
Line(a) Immediate Cause (Final disease or condition resulting in death) tuberculosis Maximum Text Length: 120 Characters Left: 109		
Line(b) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(c) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(d) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Other Significant Conditions Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

- Place your mouse over the misspelled word to get a recommendation from this CDC web service and click on the appropriate recommendation to rectify the mistake.

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications-that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

Cause of Death		Interval between Onset and Death
Line(a) Immediate Cause (Final disease or condition resulting in death) tuberculosis Maximum Text Length: 120 Characters Left: 109		
Line(b) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(c) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(d) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Other Significant Conditions Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

NOTE – Physicians’ staff is not required to enter the Cause of Death, but may do so as directed by their respective sites.

### 3.1.3. OTHER FACTORS

- The next screen would be the Other Factors screen where you may enter the following information about the decedent – Autopsy information, tobacco usage, pregnancy status, external factors to cause of death and manner of death.

- If an autopsy was not performed, the question relating to autopsy findings will be disabled (denoted by a light gray arrow for the dropdown list).

- If the decedent was a male, the pregnancy question will be disabled (denoted by a light gray arrow for the dropdown list).

- One of the following manners of death must be selected.

- If you are a Physicians’ staff member, the NEXT Button will be disabled. If you are the Physician entering medical information for the case on the OTHER FACTORS screen, the NEXT button will be enabled.

#### 4. PHYSICIAN OR DESIGNEE - MEDICAL CERTIFICATION (DIGITAL SIGNATURE)

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##### 4.1. NAVIGATING TO THE DIGITAL SIGNATURES SCREEN.

- From the Other Factors screen, simply click the next button; or
- Click on the CERTIFICATION link in the left navigation bar when the case has been selected from the active cases list. This will display a screen where you may perform digital signatures to the case.



## 4.2. DIGITAL SIGNATURES

- Below is an illustration of the Digital Signature screen.

Medical Certification Case#: 454; Decedent: JOHN, GRISHAM

I affirm under the penalty of perjury that I am the authorized signatory whose name will appear on this certificate

You must enter your secured pin for verification to continue.

Enter Pin:	<input type="text"/>	
Re-enter Pin:	<input type="text"/>	

Note: Entering your secure PIN and clicking on Submit will electronically sign this Death Certificate. Your electronic signature is legally binding.

[EDIMCT](#)

- Check the acknowledgement checkbox, Enter and Re-Enter your PIN, then click on SUBMIT.
- A confirmation message will indicate that the case was successfully certified. (See Illustration Below)

Medical Certification Case#: 4993; Decedent: NADAL, NADAL

Medical Information has been successfully certified.

MEDICAL CERTIFICATION			
Facility Name:	BON SECOURS ST. MARY'S HOSPITAL	Name:	PHYS_MC PHYS_MC
Address:	5801 BREMO ROAD RICHMOND VA23226	Title:	Medical Doctor
		Phone:	804-8811 (Work)
Medical Information Completed and certified by Medical Certifier			

[EDVNTI](#)

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For any questions please contact [vitalrec.edrs@vdh.virginia.gov](mailto:vitalrec.edrs@vdh.virginia.gov)