



Supporting people affected
by avoidable medical harm

Panel Case Report Form - Northern Ireland

Avma Panel Case Report Form (NI)

This form should be completed electronically or scanned.

Please note: all submitted case reports should have been settled/concluded within the last two years. The applicant should normally have had sole conduct throughout (other than administrative tasks and routine matters).

Date		Report Number	
1. YOUR DETAILS/			
Your name			
Your firm			
2. YOUR CLIENT			
Client's first name, initials or identifier		Client's Year of Birth	
Injured party's first name, initials or identifier (if not client)		Injured party's Year of Birth	
Name of defendant(s)			
Defendant's solicitors & counsel			
3. CASE DETAILS			
Date of injury			
Age of client at time of injury/death			
Limitation date			
Brief description of the case. [This should be in your own words and include the client's medical condition and any significant co-morbid conditions, the medical/surgical intervention and the key allegations of negligence.]			

Brief description of the injury [This should be in your own words and include details of the level of debility/disability caused including the severity of any psychiatric injury.]			
Present condition and/or prognosis			
N.B. Pleadings, statements, counsel's advice may be submitted in addition to the summary but should not replace a summary in your own words.			
4. FUNDING	TYPE OF FUNDING	DATE from	to
Please list in date order the funding arrangements for this case (legal aid, private, legal expenses, union etc)			
Details of any funding difficulties			
5. INITIAL INVESTIGATION	DATE(S)	ADDITIONAL COMMENTS	
Client's first contact			
Your first interview with client			
Retainer confirmed (client care letter and Ts & Cs)			
Client's preliminary statement prepared			
Medical records applied for			
Medical records received			
Details of any additional documents requested (complaints documentation, infection control documents etc.)			

Medical records and additional documents collated		
If an inquest was held, please provide brief details		

6. EXPERT LIABILITY (L) AND CAUSATION (C) EVIDENCE

(add more lines to table as required)

	Expert's name	Speciality	L or C	Date instructed	Date received	†Grade and/or comment
1.						
2.						
3.						
4.						
5.						

†Grade:

[1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful

7. QUANTUM EVIDENCE (key experts)

Indicate at what stage the report was obtained e.g. pre-issue, post-issue, after an admission of liability or successful trial on liability.

	Expert's name	Speciality	Date received	Stage report was obtained.	†Grade and/or comment
1.					
2.					
3.					
4.					
5.					

†Grade:

[1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful

8. COUNSEL**Name of counsel`****Written advices (Dates)****Conference date(s) (Experts
and/or client in attendance)****9. PRE-ISSUE****DATE and/or DETAILS**

Letter of Claim

Response to Letter of Claim

First schedule of special
damage drafted (brief
details of heads and totals)Pre-issue settlement agreed
Y/N (details)If settled pre-issue, go to Qu.11**10. LITIGATION****DATE and/or DETAILS**

[please include details of any agreed extensions]

Issue of writ

Service of writ

Service of Statement of
Claim

Service of defence

Close of pleadings		
Exchange of medical evidence		
Certificate of readiness		
Experts' meetings		
Experts' joint statement		
Pre-trial review		
Hearing date set		
Date of hearing		
11. SUMMARY OF SUCCESSFUL SETTLEMENT		
Date of settlement/judgment		
Stage at which claim settled		
Method of settlement (e.g. negotiation, judgment etc)		
Total damages		
General damages		
Specials/future loss		
Compensation Recovery Deduction		
Amount received by client after deductions (CRS, cost shortfall or other deductions from damages)		
Details of lump sum and periodical payments		
Details of any interim payments	Date	Amount

12. COMMENT ON DAMAGES

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13. ABANDONED CASES

Date case abandoned

Stage abandoned

Reasons for withdrawal

14. SUMMARY OF COSTS (All applicants)

Bill as drawn (including disbursements, profit costs, counsel, VAT)

Date of detailed assessment

Costs recovered

Details of shortfall recovered from client

15. ADDITIONAL INFORMATION – DELAYS, DIFFICULTIES, OTHER FACTORS

Please provide details of any difficulties progressing the case at any stage, please summarise the problems encountered including details of any delays in collating the initial set of documents, client care issues, difficulties with experts, funding, delays caused by the defendants, and other relevant matters.

16. DETAILS OF ANYONE WHO ASSISTED WITH THIS CASE AND THEIR ROLE

If you were absent for an extended period during the life of the claim, please provide dates and your role in the case.

17. DECLARATION

In submitting this form with my application, I certify that I have had sole conduct throughout (other than administrative tasks and routine matters) and subject to 16 above:

Signed:

Date