



Genetics of Kidneys in Diabetes Study

April 6, 2001

Form 203.2GK

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Notification of Death

Complete this form upon learning of the death of proband/relative since the initial interview/contact was completed. Efforts should be made to obtain copies of the death certificate and autopsy report. Submit copies of these documents and the original of this form to the GoKinD Coordinating Center. Retain copies of these documents at the clinic.

A. IDENTIFYING INFORMATION

1. GoKinD Clinic Number

Clinic

2. Family ID Number

Family

3. Proband/Relative Code

Relcode

4. Proband/Relative's Initials

Relinit

F M L

5. Date Form Completed

Bcformdt

Month / Day / Year

B. GENERAL INFORMATION

1. Date of death as entered
on the death certificate

Bcdthdt

Month / Day / Year

2. Place of apparent fatal event:
(CHECK ONLY ONE)

Bcplace1

Hospital unit (admitted) (1)

Hospital emergency room (not admitted) (2)

Home (3)

Other (4)

a) Specify, other: Bcplace2

3. Place patient pronounced dead by
physician: (CHECK ONLY ONE)

Bcplace3

Hospital unit (admitted) (1)

Hospital emergency room (not admitted) (2)

Home (3)

Other (4)

a) Specify, other: Bcplace4

C. MEDICAL HISTORY AND DIAGNOSIS

1. What was the antecedent medical history
prior to death? (CHECK ONLY ONE)

Bchist

Hospitalized for illness;
critically ill -- death expected (1)

Hospitalized for illness; death not expected (2)

Receiving treatment in emergency
room for illness or trauma (3)

Home under medical treatment for illness (4)

Discharged from hospital within last 72 hours (5)

No antecedent illness known (6)

2. Clinical diagnosis of probable cause of death:

- a) Immediate cause: _____

- b) Underlying cause: _____

- c) Contributing cause: _____

- d) Source of information: _____

D. POST MORTEM INFORMATION AND DIAGNOSIS

1. Was an autopsy performed _____ No Yes
If No go to D.1.d. (1) (2)
- a) Date autopsy performed _____
Month / Day / Year
- b) Autopsy pending _____ No Yes
(1) (2)
- c) Autopsy report: preliminary _____ (1)
(check only one) final (2)

- d) Reason autopsy NOT performed: _____
(check only one)
- permission denied by family (1)
- no pathologist available (2)
- other; specify: _____ (3)

2. Post mortem diagnosis (from autopsy report):

- a) Immediate cause of death: _____

- b) Underlying cause of death: _____

- c) Contributing causes and other diagnosis: _____

3. Death certification enclosed _____ No Yes
(1) (2)
4. Autopsy report enclosed _____ (1) (2)

Signature of person who completed this form:

Certification Number (if any)
