

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CLINICAL MANAGEMENT SUBCOMMITTEE DEATH REVIEW FORM # 49**

This form will be completed by the Clinical Management Subcommittee Reviewer looking at the DCC death report and a photocopy of the autopsy report, if an autopsy was completed and a photocopy of the discharge summary, if the death was in the hospital. All deaths will be referred to the External Advisory Committee.

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1. Identification Number.....

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2. Name Code.....

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3. Date of Review: mm/dd/yyyy *revw-dt*

4. Primary cause of death (see Form 48 list) *cod 1*

5. Secondary cause of death (see Form 48 list) *cod 2*

6. a. What blood pressure goal does the reviewer believe the patient was randomized to? (1=low, 2=moderate, 8=Baseline/not applicable, 9=couldn't tell) *bp*

b. Which blinded medication does the reviewer believe the patient was randomized to? (1=ACE, 2=Beta Blockers, 3=Calcium Channel Blockers, 8=Baseline/not applicable, 9=couldn't tell) *aask-trt*

c. Does the reviewer think this death was related to the patient's randomized study blood pressure goal intervention? (0=no, 1=yes, 8=Baseline/not applicable, 9=couldn't tell) *bp-goal*

d. Does the reviewer think this death was related to the patient's randomized blinded drug intervention? (0=no, 1=yes, 8=Baseline/not applicable, 9=couldn't tell) *bl-dru*

7. **Required:** Comments of reviewer. (Write in as much as you wish. Use back of sheet if necessary. Key enter but do not rekey verify.)

Comments

8. Should the DCC immediately refer this death to the EAC? (0=no, 1=yes) *dcc-cc*
(If no, it will be referred to the EAC at their next meeting.)

201. Certification ID of person completing this form *compl-by*

202. Certification ID of person entering this form *enter-by*

For Clinical Center Use Only

Date Entered / /

Verified?