



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ pkdid

Clinical Center: \_\_\_\_\_ pccn

## Death Notification Form

This form is to be completed for any participant who dies after enrollment in the study. As soon as CRISP clinic personnel are aware of the participant's death, this form must be completed. When available, send copy of autopsy report to the DCIAC. Any patient identifying information should be obliterated from the copies sent to the DCIAC and replaced with CRISP ID number.

<b>1. Date of last contact:</b> <i>lacodate</i>	/     /
<b>2. Date of death:</b> <i>dtdeath</i>	/     /
<b>3. Cause of death:</b> <i>(Check all that apply)</i>	1 <input type="checkbox"/> Cardiovascular Disease <i>caucards</i>
	2 <input type="checkbox"/> Septicemia <i>causep</i>
	3 <input type="checkbox"/> Cancer <i>caucanc</i>
	4 <input type="checkbox"/> Trauma <i>cautrau</i>
	5 <input type="checkbox"/> Suicide <i>causui</i>
	6 <input type="checkbox"/> Renal Disease <i>caurends</i>
	7 <input type="checkbox"/> Respiratory Disease <i>cauresds</i>
	8 <input type="checkbox"/> Cerebrovascular Accident <i>caucerac</i>
	<input type="checkbox"/> Unknown <i>cauunk</i>
	9 <input type="checkbox"/> Other Specify: _____ <i>cauoth causspe</i>
<b>4. Has the autopsy been performed?</b> <i>auto</i>	0 <input type="checkbox"/> No      1 <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>5. Location of Death:</b> <i>locodet</i>	1 <input type="checkbox"/> During hospitalization      2 <input type="checkbox"/> At home      3 <input type="checkbox"/> At work      4 <input type="checkbox"/> En route To Hospital <input type="checkbox"/> Unknown
	5 <input type="checkbox"/> Other Specify _____ <i>sploc</i>
<b>6. How was information regarding participant's death confirmed?</b> <i>infconf</i>	1 <input type="checkbox"/> Family Member      2 <input type="checkbox"/> Medical Record
	3 <input type="checkbox"/> Other Specify: _____ <i>infsp</i>
<b>7. Comments:</b> <i>detcom</i>	_____
<b>PI Signature:</b> _____ <i>pinum</i>	<b>Date Signed:</b> ____/____/____ <i>pidate</i>

CRISP Member completing this form \_\_\_\_\_  
*cdidnum*

Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_  
*cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *dedate*  
*deidnum*

Secondary Entered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_