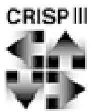

Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.

Participant ID:______________ *pkdid* **Clinical Center**: ___________ *pccn*
visit:

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.

1. Date of last contact: *lacodate* ☐☐ / ☐☐ / ☐☐☐☐

2. Date of death: *dtdeath* ☐☐ / ☐☐ / ☐☐☐☐

3. Cause of death: *(Check all that apply)*

- 1 ☐ Cardiovascular Disease *caucards*
- 2 ☐ Septicemia *causep*
- 3 ☐ Cancer *caucanc*
- 4 ☐ Trauma *cautrau*
- 5 ☐ Suicide *causui*
- 6 ☐ Renal Disease *caurends*
- 7 ☐ Respiratory Disease *cauresds*
- 8 ☐ Cerebrovascular Accident *caucerac*
- ☐ Unknown *cauunk*
- 9 ☐ Other Specify: ___________________________ *cauoth* *causspe*

4. Has the autopsy been performed? *auto* 0 ☐ No 1 ☐ Yes ☐ Unknown

5. Location of Death: *locodet*

- 1 ☐ During hospitalization
- 2 ☐ At home
- 3 ☐ At work
- 4 ☐ En route To Hospital
- ☐ Unknown
- 5 ☐ Other Specify____________________________ *sploc*

6. How was information regarding participant's death confirmed? *infconf*

- 1 ☐ Family Member
- 2 ☐ Medical Record
- 3 ☐ Other Specify: ______________________ *infsp*

7. Comments: *detcom*____

____

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: ______________________________ *deidnum* Date: __ __/__ __/__ __ __ __ *dedate*

Secondary Entered by: ___________________________ Date __ __/__ __/__ __ __ __