

Diabetes Prevention Trial - Type 1

DEATH NOTICE

Form DN
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Subject ID #: Subject Initials:
F M L Date: / /
M M D D Y Y

Name of person completing form (please print): _____

Date of Death: / /
M M D D Y Y

1=No 2=Yes 3=Unknown	
Death was:	
sudden explained	<input type="checkbox"/>
sudden unexplained	<input type="checkbox"/>
following illness	<input type="checkbox"/>
Do you consider death to be related to DPT-1 participation?	<input type="checkbox"/> If yes, explain, _____ _____
Did death occur in hospital?	<input type="checkbox"/> Specify, _____
Was autopsy performed?	<input type="checkbox"/>
Is death certificate enclosed? (If not, please send to DMU as soon as possible.)	<input type="checkbox"/>
Immediate cause of death:	_____
Underlying or contributing cause of death:	_____

DMU MUST BE NOTIFIED WITHIN 24 HOURS OF EVENT

D	N
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DMU Use Only
Date rcvd: _____