EDIC EPIDEMIOLOGY OF
DIABETES INTERVENTIONS
AND COMPLICATIONS

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Notification of Death

A. IDENTIFYING INFORMATION

1. EDIC Clinic Number   __ __

2. Patient ID Number   __ __ __ __ __

3. Patient's Initials   __ __ __

4. Date Form Completed   __ __ __ __ __ __
                              Month Day Year

B. GENERAL INFORMATION

1. Date of death as entered
   on the death certificate   __ __ __ __ __ __
                              Month Day Year

2. Date clinic learned of death __ __ __ __ __ __
                              Month Day Year

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

   hospital unit (admitted)   (1)

   hospital emergency room (not admitted)   (2)

   home   (3)

   work   (4)

   auto   (5)

   other, specify: _____(6)

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

   hospital unit (admitted)   (1)

   hospital emergency room (not admitted)   (2)

   home   (3)

   other; specify: _____(4)

   _____

C. MEDICAL HISTORY AND DIAGNOSIS

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

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

   hospitalized for illness; death not expected (2)

   receiving treatment in emergency
   room for acute illness or trauma   (3)

   home under medical treatment for illness   (4)

   discharged from hospital with 72 hours   (5)

   no antecedent illness known   (6)

2. Clinical diagnosis of probable cause of death:
   (please print legibly)

   Immediate cause(s): _____

   _____

   Underlying cause(s): _____

   _____

   Contributing cause(s): _____

   _____

   Source(s) of information: _____

D. POST MORTEM INFORMATION AND DIAGNOSIS

1a) Date autopsy performed   __ __ __ __ __ __
                                     Month Day   Year

                                         No   Yes
 b) Autopsy pending   (1) (2)

 c) Autopsy report: preliminary   (1)

                         final   (2)

 d) Reason autopsy NOT performed:

     permission denied by family   (1)

     no pathologist available   (2)

     other; specify: _____   (3)

     _____

2. Post mortem diagnosis (from autopsy report):
   (please print legibly)

   If not available, check here   (1)

   Immediate cause of death: _____

   _____

   _____

   Underlying cause of death: _____

   _____

   _____

   Contributing causes and/or other diagnosis:

   _____

   _____

   _____

                                           No   Yes
3. Death certificate enclosed   (1) (2)

4. Autopsy report enclosed   (1) (2)

   Signature of Principal Investigator:

   _____