

Frequent Hemodialysis Network CLINICAL CENTER DEATH NOTIFICATION FORM #305

This form is completed as soon as the Clinical Center becomes aware that a patient has died.

Baseline: If it was identified that the trial caused the death during the baseline period, then Form 306 must be completed and entered along with a completed Form 308. If a death occurred during baseline and the trial did not cause the death then you only need enter this Form 305.

Follow-Up: A Form 306 must be completed for all deaths that occurred in the follow-up period in addition to a Form 308. Detailed documentation regarding the patient's death (if hospitalized at time of death: expiration summary, autopsy report, lab reports, etc., or, if not hospitalized at time of death: physician summary, autopsy, office notes, etc.) must be submitted to the DCC within 6 weeks after the patient expired.

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1. Participant ID #

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2. Alpha Code

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4. Date of Death: dd/mmm/yyyy

Based on the information you have available to you now, what do you think is the:
(for Causes of Death, use the Death Code List from Form 306.)

- 5. a. Primary cause of death..... _ _ _ _ _
- b. Secondary cause of death..... _ _ _ _ _
- c. Other cause of death..... _ _ _ _ _
- d. Other cause of death..... _ _ _ _ _

200. Date this form completed (dd/mmm/yyyy)..... _ _ / _ _ _ _ / _ _ _ _

201. Username of person completing this form..... _ _ _ _ _

For Clinical Center Use Only:

202. Username of person entering this form: _ _ _ _ _

203. Date Entered: (dd/mmm/yyyy) _ _ / _ _ _ _ / _ _ _ _