



Notification of Death

Complete this form upon learning of the death of proband/relative since the initial interview/contact was completed. Efforts should be made to obtain copies of the death certificate and autopsy report. Submit copies of these documents and the original of this form to the GoKinD Coordinating Center. Retain copies of these documents at the clinic.

A. IDENTIFYING INFORMATION

- 1. GoKinD Clinic Number
2. Family ID Number
3. Proband/Relative Code
4. Proband/Relative's Initials
5. Date Form Completed

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

- Hospital unit (admitted) (1)
Hospital emergency room (not admitted) (2)
Home (3)
Other (4)

a) Specify, other:

B. GENERAL INFORMATION

- 1. Date of death as entered on the death certificate

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

- Hospital unit (admitted) (1)
Hospital emergency room (not admitted) (2)
Home (3)
Other (4)

a) Specify, other:

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 illness or trauma (3)
Home under medical treatment for illness (4)
Discharged from hospital within last 72 hours (5)
No antecedent illness known (6)

2. Clinical diagnosis of probable cause of death:

a) Immediate cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Underlying cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Contributing cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Source of information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. POST MORTEM INFORMATION AND DIAGNOSIS

1. Was an autopsy performed No Yes  
(1) (2)  
If No go to D.1.d.

a) Date autopsy performed \_\_\_\_\_  
Month Day Year

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

c) Autopsy report: preliminary (1)  
(check only one) final (2)

d) Reason autopsy NOT performed:  
(check only one)

permission denied by family (1)

no pathologist available (2)

other; specify: \_\_\_\_\_ (3)

\_\_\_\_\_

2. Post mortem diagnosis (from autopsy report):

a) Immediate cause of death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Underlying cause of death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Contributing causes and other diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

4. Autopsy report enclosed (1) (2)

Signature of person who completed this form:

Certification Number (if any)

\_\_\_\_\_

\_\_\_\_\_