

HALT-C Trial

Death Report

Form # 64 Version A: 06/15/2000 (Rev.11/17/2000)

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: __ __ __

A3. Initials of person completing form: __ __ __

A4. Date form completed ___ / ___ / _____

SECTION B:

B1. Date of clinical center's notification of death: (MM/DD/YYYY) ___ / ___ / _____

B2. Date of death: (MM/DD/YYYY) ___ / ___ / _____

- B3. Place of death:
- Home..... 1 (SECTION C)
 - Work..... 2 (SECTION C)
 - Hospital..... 3
 - Extended Care Facility..... 4 (SECTION C)
 - Hospice..... 5 (SECTION C)
 - Other99 Specify:_____ (SECTION C)

B4. Was the patient admitted to the hospital? Yes.....1 (B5)
 No.....2 (B7)

B5. Date of admission to the hospital: (MM/DD/YYYY) ___ / ___ / _____

- B6. Admitting diagnosis: ICD-9 Code:
- a. _____ . _____
 - b. _____ . _____
 - c. _____ . _____
 - d. _____ . _____
 - e. _____ . _____
 - f. _____ . _____
 - g. _____ . _____
 - h. _____ . _____
 - i. _____ . _____
 - j. _____ . _____

B7. Is Hospital Record Summary Report available?

Yes 1 (ATTACH AND SEND REPORT)
No 2 (SECTION C)

B8. Cause of death as reported on the Hospital Record Summary Report was: ICD-9 Code:

- a. immediate _____ . _____
- b. due to _____ . _____
- c. due to _____ . _____
- d. due to _____ . _____

B9. Other significant conditions reported on the Hospital Summary Report were:

- a. _____ . _____
- b. _____ . _____
- c. _____ . _____
- d. _____ . _____
- e. _____ . _____
- f. _____ . _____
- g. _____ . _____

SECTION C:

C1. Is a copy of the Death Certificate available? Yes 1 (ATTACH AND SEND DEATH CERTIFICATE)
No 2 (C4)

C2. Cause of death as reported on the Death Certificate was: ICD-9 Code:

- a. immediate _____ . _____
- b. due to _____ . _____
- c. due to _____ . _____
- d. due to _____ . _____

C3. Other significant conditions reported on the Death Certificate were:

- a. _____ . _____
- b. _____ . _____
- c. _____ . _____
- d. _____ . _____
- e. _____ . _____
- f. _____ . _____
- g. _____ . _____

C4. Was an autopsy performed? Yes 1

No 2 (C8)

Unknown 3 (C8)

C5. Is the autopsy report available? Yes 1 (ATTACH AND SEND AUTOPSY REPORT)

No 2 (C8)

Unknown 3 (C8)

C6. Cause of death as reported on the Autopsy Report was: ICD-9 Code:

- a. immediate _____ . _____
- b. due to _____ . _____
- c. due to _____ . _____
- d. due to _____ . _____

C7. Other significant conditions reported on the Autopsy Report were: ICD-9 Code:

- a. _____ . _____
- b. _____ . _____
- c. _____ . _____
- d. _____ . _____
- e. _____ . _____
- f. _____ . _____
- g. _____ . _____

C8. Information regarding the circumstances surrounding the death was obtained from:

- a. Family member: Yes 1
No 2

- b. Medical personnel: Yes 1
No 2

- c. Hospital records: Yes 1
No 2

- d. Death Certificate Yes 1
No 2

- e. Autopsy Report Yes 1
No 2

- f. Other Yes 1 specify: _____
No 2

SECTION D:

D1. Classification of cause of death by a HALT-C site Principal Investigator (circle all that apply).

- a. Hepatitis C related Yes 1
No 2

- b. Liver related death Yes 1
No 2

- c. Side effect of study drug Yes 1
No 2

- d. Other Yes 1
No 2

- e. Unknown – Sudden Death Yes 1
No 2

- f. Unknown – No Information Yes 1
No 2

Patient ID: _____ - _____ - _____

D2. HALT-C investigator's summary of sequence of events and/or circumstances surrounding the patient's death (a separate sheet with this information may be attached):

Lined area for investigator's summary of sequence of events and/or circumstances surrounding the patient's death.

Signature of Principal Investigator: _____ Date: ___/___/_____
Month Day Year