Participant ID:_____ *haltid*   **Clinical Center:** _____ *clinic*

visit

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

DEATH NOTIFICATION FORM   **Form # 31**

This form is to be entered (along with SAE Form 13) whenever a registered participant dies. In order to <u>confirm the cause of death</u>, as much documentation as possible (death certificate, autopsy report or other medical records) must be sent to the DCC as soon as possible (all identifiers obliterated). Use event codes in the Manual of Procedures.

1. Date of Death: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Month *dthm*   Day *dthd*   Year *dthy*

2. Date PCC was informed of the death   [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Month *infm*   Day *infd*   Year *infy*

3. Primary Cause of Death:

Event Code:_____ *evtcode*   **Name of the Event:**_____ *evtname*   1 [ ] Unknown *evtunk*

4. Has an autopsy been performed? *autopsy*   1 [ ] Yes   2 [ ] No   3 [ ] Unknown

5. Where did the death occur? *dthlcx*

1 [ ] Hospital   2 [ ] En route to Hospital   3 [ ] Home   4 [ ] Work

5 [ ] Unknown   6 [ ] Other (specify):_____ *odthloc*

6. Method used to confirm the cause of death: (Choose all that apply)

[ ] Death Certificate *dthcrt*   [ ] Autopsy Report *autrpt*   [ ] Other Medical Record *omdrec* (specify)_____ *odthcfm*

7. Comments: *dnfcmt* _____

_____

_____

OPTIONAL TRACKING INFORMATION FOR MEDICAL RECORDS (Not data-entered)

Name of Institution:_____City: _____State: _____

Date Requested:_____Contact:_____ Date Received: _____

Comments:_____

****

HALT PKD staff member completing this form: _____**Date:** _____/_____/_____

cmidnum   Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered [ ]

Primary Entered by: _____ *deidnum* Date: __ __/__ __/__ __ __ __ *dem / ded / dey*

Month   Day   Year