Modification of Diet in Renal Disease Study

DEATH NOTIFICATION FORM

This form should be completed for all patients who have died, after the details and cause of death are known. It should be completed by the Study Coordinator or Study Physician.

QUESTION #	INSTRUCTIONS
5.	Enter the code best describing the primary reason for the patient's death. If it is something other than what is listed, enter a 10 and specify the reason in the space provided. If the cause is unknown, enter a 9.
6.	If an autopsy has been done, enter a 1. If not, enter a 2. THE DATA COORDINATING CENTER REQUESTS THAT A COPY OF THE AUTOPSY REPORT AND THE DEATH CERTIFICATE BE FORWARDED TO THE DCC PROMPTLY.
7.	Enter the code which best describes the location of the patient at the time of death. If unknown, enter a 9.
8.	Any comments which should be recorded may be written in the space provided.

For DCC Use Only
Rev. 1 9/1/88

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MDRD

Modification of Diet in Renal Disease Study
Death Notification Form

This form is to be completed for any study participant upon learning the patient's cause of death.

FORM # 1 5

1. Patient Identification Number........................ ___ ___ ___ ___ ___ ___
2. Patient Name Code........................ ___ ___ ___ ___
3. Clinical Center........................ ___ ___
4. Date of Death........................ ___ ___/___ ___/___ ___
5. Cause of Death........................ ___ ___
   - 1 = Cardiovascular Disease
   - 2 = Septicemia
   - 3 = Cancer
   - 4 = Trauma
   - 5 = Suicide
   - 6 = Renal Disease
   - 7 = Respiratory Disease
   - 8 = Cerebrovascular Accident
   - 9 = Unknown
   - 10 = Other (20 characters maximum) (________________)
6. Has an Autopsy been done? (1 = yes, 2 = no) .... ___

   The Data Coordinating Center will request that a copy of the death certificate and autopsy report be submitted as soon as they become available.

7. Location of Death........................ ___
   - 1 = During hospitalization
   - 2 = At home
   - 3 = At work
   - 4 = En route to hospital
   - 5 = Other (20 characters maximum) (________________)
   - 9 = Unknown
8. Comments:

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Modification of Diet in Renal Disease Study
Death Notification Form

101. Date this form completed.. ___ ___/___ ___/___ ___

102. Certification number of person filling out this form .... ___ ___ ___ ___ ___

103. Date form entered.. ___ ___/___ ___/___ ___

104. Certification number of data entry person .... ___ ___ ___ ___ ___

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center
Department of Biostatistics & Epidemiology
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195-5196