

**Modification of Diet in Renal Disease Study
DEATH REVIEW FORM
CLINICAL MANAGEMENT COMMITTEE**

This form should reflect the consensus of the Clinical Management Committee. Careful consideration should be given to clearly indicate the cause of death. The form must be signed.

2.2/2

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

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MDRD

Modification of Diet in Renal Disease Study Death Review Form Clinical Management Committee

This form is to be completed by the Clinical Management Committee to record the consensus of their review of each cause of death. The original form should be sent to the DCC for entry into the database.

FORM # 4 1

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center.....
4. Date of Death..... / /
5. Cause of Death.....

1 = Cardiovascular Disease	7 = Respiratory Disease
2 = Septicemia	8 = Cerebrovascular Accident
3 = Cancer	9 = Unknown
4 = Trauma	10 = Other (20 characters maximum)
5 = Suicide	(.....)
6 = Renal Disease	

Please Comment: _____

101. Date this form completed..... / /
102. Certification numbers of committee members reviewing death.

103. Signature of member completing form: _____
104. Has form been signed? (1 = yes, 2 = no)
105. Date form entered..... / /
106. 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