

PEDS-C Death Report

PDC 43
Rev 0
02/08/2005
Page 1 of 1

Please Use Black Pen To Fill Out Form.

1042

Week #

Date of Assessment

Patient ID

Patient
Letter Code

corrfix
Correction

week

--	--	--

assessdt

--	--	--	--	--	--

mm / dd / yyyy

idn

--	--	--	--	--	--

-

--	--	--	--	--	--

-

--	--	--	--	--	--

letcode

--	--	--	--	--	--

1. Date of death:

--	--	--	--	--	--

mm / dd / yyyy

dthdt

2. Location of death (Choose one)

☐ At home **dthloc**

☐ Hospital in-patient

☐ Other

3.A. Was an adverse event reported to the Clinical Center IRB?

☐ Yes ☐ No **dthae**

B. If **Yes**, date adverse event reported:

--	--	--	--	--	--

mm / dd / yyyy

dthaedt

4.A. Is the primary cause of death known?

☐ Yes ☐ No **dthcaus1**

B. If **Yes**, what was the primary cause of death? (from the Death Certificate or other source):

5.A. Is the secondary cause of death known?

☐ Yes ☐ No **dthcaus2**

B. If **Yes**, what was the secondary cause of death? (from the Death Certificate or other source):

6. Was the death attributable to the study drug therapy? (Choose one answer):

☐ Definitely ☐ Unlikely **dthstdrg**

☐ Probably ☐ Definitely not

☐ Possibly ☐ Unknown

CRA Use Only

Complete a Withdrawal/Close-Out Form

Signature: _____

Certif. #:

staffid1

--	--	--	--	--	--

-

--	--	--	--	--	--