Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

		Mort	ality Event		
			* These fields are required in or	der to SAVE	the form
			* These fields are required in order to	o COMPLETE	the form
Date of Visit: *			<u>Date</u>		
Interviewer User ID: *					
Complete this form if a was related to the study		es dui	ring the study, regardless of whe	ther the de	eath
Additional form(s) that need to be completed: - Adverse Event Report Form			Documentation that needs to be obtained: - Death Certificate (when available) - Autopsy report (when available)		
A. REPORT INFORMATION	N				
1. Date of Death: *	~				
2. Type of Report: * O Ini	tial OFollow U	lp			
B. GENERAL EVENT CLASS	SIFICATION				
1. Where did the death occ	cur?				
○ Hospital ○ Home	○ Long-term	care i	nstitution		
○ School/Work	Other				
If OTHER, specify:					
2. The death was:					
○ Sudden, explaine	ed	OF	following illness		
○Sudden, unexpla	ined	\circ u	Inknown		
3. At the time of onset of the	he terminal eve	nt, the	participant was		
○ Asleep		○ Er	ngaged in moderate physical activity		
O Awake, but sede	entary	○ Er	ngaged in heavy physical activity		
○ Engaged in light	physical activity	y Ou	nknown		
4. Was the participant receiving study medications at the time of the death event?					No No
5. Was the participant receiving study infusion at the time of death event?					No No
6. Will an autopsy report be available?				○Yes ○	No
7. Has a death certificate b	○Yes ○	No			
If NO,					
a. Has one been req	uested?*			○ Yes ○	No

8. Record the sources of information that were used to complete this form:						
a. Death Certificate?	○Yes ○No					
b. Autopsy Report?	○Yes ○No					
c. Hospital report on fatal illness?	○Yes ○No					
d. Interview of attending physician?	○Yes ○No					
e. Interview of family member?	○Yes ○No					
f. Other?	○Yes ○No					
If OTHER, specify:						
C. SPECIFIC EVENT INFORMATION						
1. Describe the immediate cause of death						
2. Describe the underlying cause of death						
3. Describe any contributory causes of death						
4. Specify which of the immediate, underlying and/or contributory causes of death were present at randomization						
	//					