



Engaged in light physical activity  Unknown

4. Was the participant receiving study medications at the time of the death event?  Yes  No

5. Was the participant receiving study infusion at the time of death event?  Yes  No

6. Will an autopsy report be available?  Yes  No

7. Has a death certificate been obtained  Yes  No

If NO,

a. Has one been requested?  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

Save

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