STOP II TRIAL

CAUSE OF DEATH FORM

AFFIX PATIENT'S LABEL HERE

A1. Per	son completing form (Name):	(Initials):
A2. Date	e of Clinic's notification of the death (Month/Day/Year):	/
A3. Date	e of death (Month/Day/Year):	/
A4. Pla	ce of Death:	
	Address:	
	Number Street	
	a. City b. County	c. State
	A5. This is the address of 1. A STOP Hospital A5.a STOP Center code # 2. A non-STOP Hospital * → GO TO A5.b 3. A chronic care facility* → GO TO A5.b 4. The patient's home 5. Other → GO TO A5.b A5.b Specify Name:	

N / I
ML

A6. If the place the hospital?	e of death was a hospital, what was the time of death in relation	nship to the time of the patient's presentation at
1.	Pronounced dead on arrival at hospital	
	Died in emergency room or within 24 hours of admission	
<u> </u>	Died more than 24 hours after admission	
		
A6.a Da	ate of admission Month/Day/Year):	/
A6.b Ad	Imitting diagnosis:	
		OFFICE USE
d		_
* Obtain signed RELE	ASE OF INFORMATION form from next of kin and request re	ecords
	ATTACH HOSPITALIZATION SUMMARY	
		OFFICE USE
B1. Is a copy of the dea	th certificate available?	
1. NO	2. YES	
Т	↓ The cause of death as reported on the Death Certificate was:	
		OFFICE USE
a. i	mmediate	
b. c	due to	
C. (due to	
	Other significant conditions reported on the Death Certificate we	ire.
_	and digiting and contained to posted on the Boath Continuate no	
d.		OFFICE USE
e.		
f.		
-		
	ATTACH A COPY OF THE DEATH CERTIFICATE	
		OFFICE USE

B2.	The information regarding the circumstances surrounding the death was obtained from (CHECK NO OR YES FOR EACH OF a - d)	n:
	a. Member of immediate family	1. NO 2. YES a1. Specify
	b. Medical Personnel	
	c. Medical Records	
	d. Other	
		d1. Specify
В3.	Was an autopsy performed?	
	1. NO 2. YES → ATTACH A COPY OF THE COMPLETE REPO 9. DK	OFFICE USE
C1.		
	2. OTHER → C1.d Specify	
	3. UNKNOWN – SUDDEN DEATH (EXPLAIN BELOW)	
	4. UNKNOWN - NO INFORMATION	
	Continue to C2	

. STOP II	estigator's summary of sequence of events and/or circumstances surrounding the patient's death
ATTACI	OPIES OF DEATH CERTIFICATE, AUTOPSY REPORT, AND HOSPITAL SUMMARY WHEN AVAILABLE
	PPIES OF DEATH CERTIFICATE, AUTOPSY REPORT, AND HOSPITAL SUMMARY WHEN AVAILABLE** APPROPRIATE STOP EVENT FORMS FOR EACH EVENT SURROUNDING THE PATIENT'S DEATH: FORM 30 FOR NEUROLOGICAL EVENT FORM 31 FOR EACH NON-NEUROLOGICAL EVENT FORMS 20 AND 21 FOR EACH TRANSFUSION FORM 32 FOR DELAYED TRANSFUSION REACTION
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