

Complete this form to document significant off-study events that have occurred to enrolled subjects. By reporting a significant event, the subject will not be considered for any scheduled follow-up activities.

1. Event
- Ineligible (data will be destroyed) → **STOP**
 - Duplicate enrollment, delete/merge data for this ID number → **STOP**
 - Withdrew from study, Reason: _____ → **GO TO Q2**
 - Loss to follow-up, Reason: _____ → **GO TO Q3**
 - Death → **GO TO Q4**

2. FOR WITHDRAWALS: Do data need to be destroyed? Yes No → **STOP**

3. Date last known alive |__|__|_|-|__|__|_|-|__|__|__|__| → **STOP, complete Follow-up Form up to this date**
 Month Day Year

4. Date of death |__|__|_|-|__|__|_|-|__|__|__|__| → **CONTINUE, complete Follow-up Form up to this date**
 Month Day Year

5. Cause of Death on death certificate
 Primary cause: _____
 Secondary cause(s): _____
 Death certificate Not Available

6. Other sources of Cause of Death (check **all** that apply)
 No Other Sources Family Member Medical Record Autopsy Report

a. Cause of Death from other sources (identify in consultation with PI)

	Primary/ Immediate Cause (check one)	Secondary/ Underlying or Comorbid Causes (check all that apply)
Acute Chest Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure	<input type="checkbox"/>	<input type="checkbox"/>
Sudden Death	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>
Stroke, Ischemic	<input type="checkbox"/>	<input type="checkbox"/>
Stroke, Hemorrhagic	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease Multiorgan Failure Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/>
Liver Failure	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Embolism	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (specify type, location): _____	<input type="checkbox"/>	<input type="checkbox"/>
Other primary (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
Other secondary (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Is an autopsy report available? (copies of autopsy reports should be maintained locally) Yes No