

S29r0 Cause of Death

Ad Hoc Event ID _____

Submission Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Date of death (yyyy/mm/dd): _____

2. Location: In hospital
 Home
 Don't know
 Other

2A. If Other, specify: _____

3. Cause of death - sickle cell related (answer each item):

3A. Infection --> complete CRF 26 Yes
 No

3B. Stroke --> complete CRF 24: Yes
 No

3C. Therapy complications Yes
 No

3D. Emboli / thrombi Yes
 No

3E. Splenic sequestration Yes
 No

3F. Renal failure Yes
 No

3G. Pulmonary hypertension, clinical Yes
 No

3H. Hepatic failure Yes
 No

3I. Hemolytic / aplastic anemia Yes
 No

3J. Left ventricular failure Yes
 No

3. Cause of death - non-sickle cell related (answer each item):

3K. Trauma Yes
 No

3L. Other Yes
 No

3L-1. If Other, specify: _____

Staff I.D. #: _____