

Send to the Coordinating Center within 24 hours after notification of patient's death.

1. Patient ID# 4,5 6,7,8,9,10 11,12 2. Acrostic 13,14,15,16,17,18

3. Date form was completed 44,45 46,47 48,49 11
Month Day Year

4. Date of Death 50,51 52,53 54,55 12
Month Day Year

5. Person completing form 56,57 13

FOR COORDINATING CENTER USE ONLY

6. Items 1 - 5 entered on terminal 58 Yes 14

	1	2	3	4
	Exists	Exists	None	Unkno
	Rec'd	Not Rec'd	Exists	
7. Emergency Room Report	59 <input type="checkbox"/>	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hospital Inpatient Records				
a) Discharge summary	60 <input type="checkbox"/>	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Discharge diagnosis	61 <input type="checkbox"/>	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Pertinent ECGs	62 <input type="checkbox"/>	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Reports of special diagnostic or surgical procedures (x-rays, lab invasive and non-invasive procedures)	63 <input type="checkbox"/>	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Coroner's or Medical Examiner's Report	64 <input type="checkbox"/>	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Death Certificate	65 <input type="checkbox"/>	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Autopsy				
a) Preliminary findings	66 <input type="checkbox"/>	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Final Report	67 <input type="checkbox"/>	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Patient file sent to mortality committee	68 <input type="checkbox"/> Yes	69,70 <input type="checkbox"/>	71,72 <input type="checkbox"/>	73,74 25
		<small>Month</small>	<small>Day</small>	<small>Year</small>
13. Complete patient file returned from mortality committee	75 <input type="checkbox"/> Yes	76,77 <input type="checkbox"/>	78,79 <input type="checkbox"/>	80,81 27
		<small>Month</small>	<small>Day</small>	<small>Year</small>

STATUS 19,20 6 BATCH NUMBER 21,22,23,24,25,26,27,28 7

DATE RECEIVED 29,30,31,32,33,34 8

UPDATE NUMBER 35,36,37 9 DATE LAST PROCESSED 38,39,40,41,42,43 10