

Form
REV

**MULTICENTER STUDY OF HYDROXYUREA
IN SICKLE CELL ANEMIA (MSH)**

DEATH NOTIFICATION

CURCLIN
ID
VISIT

CLINIC NO.					
I.D. NO.					
VISIT	F	V			

PART I: PATIENT IDENTIFICATION

1. Patient's NAME CODE:

NAMECODE

2. Date of death:

VIS - DT

Day Month Year

3. Place of death:

A. City CITY, State STATE

- B. In hospital DTH-LOC (1)
- At home (2)
- Not known (3)
- Other (specify) (4)

LOC-RMK

C. Was an autopsy AUTOPSY
performed? (1) (2)
Yes No

4. Checked for completeness and accuracy

A. Certification Number: CERT-NO

B. Signature: _____

Retain a copy of this form for your files.
Send the original to the MSH Data
Coordinating Center. Use MSH mailing
labels:

MSH Data Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210