3.

AIDS AND VITAL STATUS UPDATE FORM - FORM NO. 25

This form may be filled out at any time, but especially when you have information regarding a subject who hasn't been seen in over a year. Yes 01 ----->(If yes, SKIP to Question 3) Is This Patient Alive? 1. No (If no, continue to Question 2) Unknown 03 ----->(If unknown, SKIP to Question 3) Date of Death: 2. Primary Cause of Death: (list only one):_____ 2a. Secondary Cause(s) of Death (up to three):_____ 2b. If the DEATH CERTIFICATE is available, please make a photocopy, delete the subject's name and send it to RTI with this form. Thank You. |___| | ___| | ___| | ___| | Month Day Year Date Last Known Alive: How do you know subject was alive on that date? (please write a brief desciption; i.e. 3a. call from subject, clinic visit, heard from a clinician, etc...): Yes 01 Was AIDS ever diagnosed in this patient? 4. No 02 Unknown 03 What diseases were present to cause the AIDS diagnosis? (list up to five with dates Month Day Year for each): 4a. 4b. 4c. 4d. 4e.

Thank you for helping us keep our database clean and up-to-date!