

PATIENT REGISTRY FOR PRIMARY PULMONARY HYPERTENSION
CAUSE OF DEATH REPORTING FORM

IDENTIFICATION AND DEMOGRAPHIC DATA

INVESTIGATORS PLEASE NOTE:

THE CAUSE OF DEATH FORM IS TO BE FILLED OUT BY THE INVESTIGATOR OR THE PERSON DESIGNATED BY THE INVESTIGATOR. IT IS IMPORTANT THAT THE INDIVIDUAL COMPLETING THE FORM AND THE PERSON REVIEWING THE FORM PROVIDE THEIR SIGNATURE IN THE SPACE INDICATED.

PLEASE COMPLETE THE QUESTIONS PROVIDED. IF ADDITIONAL INFORMATION IS AVAILABLE ON THE PATIENT SINCE THE LAST FOLLOW-UP, PLEASE COMPLETE THE APPROPRIATE SECTIONS OF THE FOLLOW-UP FORMS.

PLEASE RETURN TO:
PRPPH - PROJECT COORDINATOR
UNIVERSITY OF ILLINOIS MEDICAL CENTER
SCHOOL OF PUBLIC HEALTH
BOX 6998
CHICAGO, IL 60680

ATTN: CHRISTOPHER M. BARKER M.A., M.S.

PHONE: (312)-996-8860

CAUSE OF DEATH REPORTING FORM
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VERSION 1.1 (1982)
CORRECTED 06-14-82

ID # () () ()
CTR. PAT. ACROSTIC

1. IDENTIFICATION

- 1) INSTITUTION CODE: () () 2) PATIENT SEQUENCE NUMBER () () ()
3) PATIENT ACROSTIC () () () ()

2. DATE (MO/DA/YR) PATIENT WAS LAST SEEN ALIVE () () 19() ()

3. DATE (MO/DA/YR) FORM COMPLETED () () 19() ()

4. DATE (MO/DA/YR) OF DEATH () () 19() ()

5. CAUSE(S) OF DEATH

A. IMMEDIATE CAUSE OF DEATH: (CHECK ONE.)

- 1) () ACCIDENTAL
2) () ARRYTHMIA
3) () HYPOTENSION/CARDIOGENIC SHOCK
4) () RELATED TO OTHER DISEASE/SURGERY
5) () RV FAILURE
6) () SUDDEN UNWITNESSED DEATH
7) () OTHER _____

B. SECONDARY TO _____

C. ALSO SECONDARY TO _____

6. WAS AN AUTOPSY OBTAINED

- 1) () NO 2) () YES

PLEASE COMPLETE THE APPROPRIATE LUNG BIOPSY AND
AUTOPSY REPORT SECTIONS TO FOLLOW THIS SECTION.

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7. PLEASE DESCRIBE DETAILS ABOUT THE EVENTS THAT LEAD UP
TO THE PATIENTS DEATH:

Lined area for describing details about the events that lead up to the patient's death.

8. PLEASE SIGN BELOW UPON COMPLETION OF THE FORM

COMPLETED BY _____ REVIEWED BY _____