

30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

FINAL REPORT OF DEATH

SPECIAL INSTRUCTIONS

- This form is to be completed and forwarded to the Coordinating Center no later than 6 weeks after staff learns of participant's death.
- Copies of the appropriate documents should accompany this form.
- Each of the documents should be carefully reviewed for completeness prior to being forwarded to the Coordinating Center.
- The participant's SHEP ID and acronym should be entered onto the top of each accompanying document.

1. SHEP ID: (3) 22 23 - 24 25 26 27 - 28 29 (5) 2. Acrostic: [] [] [] [] [] [] [] [] [] []

3. Date this form completed: (4) 49 50 51 52 47 48 (7) (6) 41-46
 Month Day Year

4. Date of death: 36 37 38 39 34 35 (8)
 Month Day Year

5. Time of death, if known: 53 54 : 55 56 a.m. (11) 57
 (9) Hour Minute (10) p.m.

6. Is a copy of the death certificate enclosed? 58 (12) 1 Yes
 2 No → Explain in Comments, Section 9.

7. Was an autopsy performed? a. 1 Yes → b. 1 Copy of report attached
 2 No 2 Copy not attached (explain
 59 (13) 3 DK 60 in Comments, Section 9)

8. The following records are enclosed:

	Does Not Exist	Enclosed	Not Enclosed	Explain in Comments, Section 9.
a. <u>Hospital records</u>				
(1) Discharge summary	61 (15) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(2) Discharge diagnosis	<input type="checkbox"/> 1 (16) 62	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(3) ECGs	63 (17) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(4) Laboratory reports	<input type="checkbox"/> 1 (18) 64	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(5) Non-SHEP CT scan	65 (19) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(6) X-ray or angiography results	<input type="checkbox"/> 1 (20) 66	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
(7) Surgical pathology results	<input type="checkbox"/> 1 (21) 67	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
b. <u>SHEP Neurologic Exam for Stroke (SH27)</u>	67 (22) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
c. <u>SHEP CT scan</u>	(23) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
d. <u>SHEP Neurologic Exam for TIA (SH28)</u>	69 (24) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
e. <u>Emergency room records</u>	(25) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

		Does Not Exist	Enclosed	Not Enclosed	Explain in Comments, Section 9.
f.	<u>Ambulance records</u>	72 (26) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
g.	<u>Nursing home records</u>	<input type="checkbox"/> 1 (27) 73	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
h.	<u>Records from usual source of care</u>	74 (28) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
i.	<u>Interviews</u>				
	(1) Witness to death (SH26)	<input type="checkbox"/> 1 (29) 75	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	(a) Number _____				
	(2) Next-of-kin (SH26)	(30) <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	(a) Number _____	76			
	(3) Participant's clinician (SH25)	<input type="checkbox"/> 1 (31) 77	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	(a) Number _____				

Note: Interviews with the witness to death, next of kin or participant's clinician should be sought for every out-of-hospital death. For deaths occurring in the hospital, these interviews are optional, and indicated whenever the Principal Investigator believes the additional information would contribute usefully to assigning the cause of death.

9. Comments:

78 (32) P 0/1

10. Signature of person completing this form:

Signature

(33) 79 80
Code

11. Signature of PI,
who has reviewed this form and attached
records for completeness and accuracy:

Signature of PI

RECORD TYPE (34) 81

DATE RECEIVED (35) 82-87

UPDATE NUMBER (36) 88-90

DATE LAST PROCESSED (37) 91-96

PAPER COPY (38) 97

(514) BATCH DATE 3-8

(515) DATE MODIFIED 11-16

(516) TIME MODIFIED 17-20

(517) EDIT STATUS

21

(39) Cross-Forms Edit Status
98