

INITIAL NOTIFICATION OF DEATH

SPECIAL INSTRUCTIONS

This form should be completed within 48 hours after the SHEP staff learns of any randomized participant's death.

A copy of this form should be mailed to the Coordinating Center within 48 hours after completion.

The Final Report of Death Form (SH23) should be completed within 6 weeks and sent to the Coordinating Center with appropriate materials attached.

1. SHEP ID: (3) 22 23 - 24 25 26 27 - 28 29 (5) 2. Acrostic: [] [] [] [] [] (6)

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

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

5. Date SHEP staff learned of death: 55 56 57 58 53 54 (9) Month Day Year

6. Place of death: City / County State 59 60 Zip 61 62 63 64 65 (10) (11)

7. After the onset of the fatal event, was the participant taken to a hospital? (12) Yes [] 1 No [] 2 Unknown [] 3 Hospital Address City State Zip Telephone number Date of admission

Obtain hospital records.

8. After the onset of the fatal event, was the participant seen by a clinician? (13) Yes [] 1 No [] 2 Unknown [] 3 Name Address City State Zip Telephone number Date(s)

RECORD TYPE (15) 70 DATE RECEIVED (16) 71-76 UPDATE NUMBER (17) 77-79 DATE LAST PROCESSED (18) 80-85 PAPER COPY (19) 86

Obtain medical records.

9. Signature of person completing this form: Signature Code 68 69 (14)

3-8 (514) BATCH DATE 17-20 (516) TIME MODIFIED 11-16 (515) DATE MODIFIED 21 (517) EDIT STATUS