

DEATH

Clinical Study of IPPB

This form will be completed for each patient who dies prior to three years of followup even though the patient may have had treatment terminated or have been withdrawn from the study. If the patient was hospitalized, at or prior to death, Form 720 will also be completed

Form 1-4

Date of death 5-10
Mo Day Yr

A. PATIENT IDENTIFICATION

1. Treatment center number 11
2. Patient number 12-15
3. Date of birth 16-21
Mo Day Yr

B. VISIT INFORMATION

1. Month of death (0-36) 22-23
2. Date of last visit 30-35
Mo Day Yr
3. Month number of last visit (0-36) 36-37
4. Type of visit
- Monthly home 38
- Quarterly clinic 39
- Semiannual 40
- Annual 41

C. INFORMATION ABOUT THE DEATH

1. Place of death (check only one)
- Hospital 42
- Home 43
- Long-term care inst. 44
- Other (specify) _____ 45
2. Has the patient been hospitalized since the last quarterly visit? NO YES
 46

3. If YES, has Form 720 been prepared and forwarded? NO YES
 47

4. Was autopsy performed? 48

If YES, name and address of pathologist and institution _____

5. If YES, were the following sent to the Central Pathology Center?

	NO	YES
Heart	<input type="checkbox"/> 1	<input type="checkbox"/> 2 49
Left lung complete	<input type="checkbox"/> 1	<input type="checkbox"/> 2 50
Right lung complete	<input type="checkbox"/> 1	<input type="checkbox"/> 2 51
Lung tissue	<input type="checkbox"/> 1	<input type="checkbox"/> 2 52

D. CAUSE OF DEATH

1. Immediate cause of death (check only one)
- Chronic obstructive pulmonary disease 53
- Pneumonia 54
- Other respiratory disease 55
- Acute myocardial infarction 56
- Other cardiovascular disease 57
- Lung cancer 58
- Other neoplasm 59
- Other disease 60

Specify: _____

Patient # _____

Date _____

2. Underlying cause of death
(check only one; may be
the same as the immediate
cause of death)

Chronic obstructive
pulmonary disease 1 SI

Myocardial infarction 2

Other cardiovascular disease 3

Lung cancer 4

Other neoplasm 5

Other disease 6

Specify: _____

E. Person responsible for the information
recorded on this form:

_____ Date _____