1. Date and Time of Death (M M/D D/Y Y Y Y):

am

pm

24-hour clock

1. Cause(s) of Death:

Table Cause(s) of Death

| Cause of Death (List primary cause first) | ICD-10-CM Code |
| --- | --- |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |
| Data to be filled out by site | Data to be filled out by site |

1. Death location:

Home

Home with hospice

Inpatient hospice care

Nursing home

Hospital – inpatient stay

Hospital – emergency room

Other, specify:

## General Instructions

The Death Report Form should only be completed in the event of the participant’s/subject’s death while enrolled in the study. Enrollment is defined as the period of time after informed consent is signed and before follow-up is complete.

If this form is required then the date, time and the medical reason death is attributed to should be recorded.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Date and Time of Death – Record the date (and time) of death and verify with the death certificate if possible. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database. If uncertainty exists on the occurrence of death or date of death, confirm death and date of death using vital status search, such as the Social Security Death Index in the US.
* Cause(s) of Death – Record what the death certificiate lists as the official cause of death.
* Death cause ICD-10-CM code - Record the cause or causes of death using explanatory text and the associated ICD-10-CM code. Include the primary cause of death first followed by any secondary causes.
* Death location - Choose one.