30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

FINAL REPORT OF MORBID EVENT

SPECIAL INSTRUCTIONS

This form, together with attached documents and other forms, should be completed and forwarded to the Coordinating Center no later than six weeks after submitting Form SH20.

1. SHEP ID: (3) 22 23 (4) 24 25 26 27 - 28 29 (5) 2. Acrostic: (6) 41-46

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

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

5. a. Was participant hospitalized? Yes ☐ 1 No ☐ 2 Unknown ☐ 3 (9) 53

   b. Date of admission (if hospitalized): 56 57 Month 58 59 Day 54 55 Year (10)

   c. Date of discharge (if applicable): 62 63 Month 64 65 Day 60 61 Year (11)

(30) 85 RECORD TYPE
(31) 86-91 DATE RECEIVED
(32) 92-94 UPDATE NUMBER
(33) DATE LAST PROCESSED 95-100
(34) PAPER COPY 101
102 (35) Cross-Forms Edit Status

6. The following records are enclosed:

	Does Not Exist	Enclosed	Not Enclosed →	Reason
a. Hospital records				
(1) Discharge summary	66 (12) ☐ 1	67 ☐ 2	☐ 3	
(2) Discharge diagnosis	☐ 1 (13)	☐ 2	☐ 3	
(3) ECGs	68 (14) ☐ 1	69 ☐ 2	☐ 3	
(4) Laboratory reports	☐ 1 (15)	☐ 2	☐ 3	
(5) Non-SHEP CT scan	70 (16) ☐ 1	☐ 2	☐ 3	
(6) X-ray or angiography result	☐ 1 (17)	71 ☐ 2	☐ 3	
(7) Surgical pathology results	72 (18) ☐ 1	☐ 2	☐ 3	
b. SHEP Neurologic Exam for Stroke (SH27)	☐ 1 (19)	73 ☐ 2	☐ 3	
c. SHEP CT scan	74 (20) ☐ 1	☐ 2	☐ 3	
d. SHEP Neurologic Exam for TIA (SH28)	☐ 1 (21)	75 ☐ 2	☐ 3	
e. Emergency room records	76 (22) ☐ 1	77 ☐ 2	☐ 3	
f. Ambulance records	☐ 1 (23)	☐ 2	☐ 3	
g. Nursing home records	78 (24) ☐ 1	☐ 2	☐ 3	
h. Records from usual source of care	☐ 1 (25)	79 ☐ 2	☐ 3	
i. Interviews (SH24)				
(1) Participant	80 (26) ☐ 1	81 ☐ 2	☐ 3	
(2) Participant's physician	☐ 1 (27)	☐ 2	☐ 3	
(3) Next-of kin	82 (28) ☐ 1	☐ 2	☐ 3	

7. Signature of person completing this form: _____ Signature 83 84 (29) Code

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

3-8 (514) BATCH DATE 17-20 (516) TIME MODIFIED

11-16 (515) DATE MODIFIED 21 (517) EDIT STATUS

SH21/1

30-32 (1) FORM NUMBER

33 (2) VERISON

40 (518) SEQUENCE

FINAL REPORT OF MORBID EVENT

SPECIAL INSTRUCTIONS

This form, together with attached documents and other forms, should be completed and forwarded to the Coordinating Center no later than six weeks after submitting Form SH20.

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3. Date this form completed: (7) 49 50 Month, 51 52 Day, 47 48 Year

4. Date of onset of morbid event: (8) 36 37 Month, 38 39 Day, 34 35 Year

RECORD TYPE (30) 85

DATE RECEIVED (31) 86-91

UPDATE NO. (32) 92-94

5. a. Was participant hospitalized or admitted to a skilled or intermediate care nursing home? Yes ☐ 1 No ☐ 2 Unknown ☐ 3 (9) 53

b. Date of admission (if hospitalized): 56 57 Month, 58 59 Day, 54 55 Year (10)

c. Date of discharge (if applicable): 62 63 Month, 64 65 Day, 60 61 Year (11)

(33) 95-100 DATE LAST PROCESSED

PAPER COPY (34) 101

CROSS-FORMS EDIT STATUS (35) 102

6. The following records are enclosed:

	Does Not Exist	Enclosed	Not Enclosed →	Reason
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(2) Discharge diagnosis	☐ 1	(13) ☐ 2	☐ 3	
(3) ECGs	68 (14) ☐ 1	☐ 2	☐ 3	
(4) Laboratory reports	☐ 1	(15) ☐ 2	☐ 3	
(5) Non-SHEP CT scan	70 (16) ☐ 1	69 ☐ 2	☐ 3	
(6) X-ray or angiography result	☐ 1	(17) 71 ☐ 2	☐ 3	
(7) Surgical pathology results	72 (18) ☐ 1	73 ☐ 2	☐ 3	
b. SHEP Neurologic Exam for Stroke (SH27)	☐ 1	(19) ☐ 2	☐ 3	
c. SHEP CT scan	74 (20) ☐ 1	☐ 2	☐ 3	
d. SHEP Neurologic Exam for TIA (SH28)	76 (22) ☐ 1	75 (21) ☐ 2	☐ 3	
e. Emergency room records	☐ 1	(23) ☐ 2	☐ 3	
f. Ambulance records	☐ 1	☐ 2	☐ 3	
g. Nursing home records	78 (24) ☐ 1	77 ☐ 2	☐ 3	
h. Records from usual source of care	☐ 1	(25) ☐ 2	☐ 3	
i. Interviews (SH24)				
(1) Participant	80 (26) ☐ 1	79 ☐ 2	☐ 3	
(2) Participant's physician	☐ 1	(27) ☐ 2	☐ 3	
(3) Next-of kin	82 (28) ☐ 1	81 ☐ 2	☐ 3	

7. Signature of person completing this form: _____ Signature 83 84 Code (29)

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