

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 (4) 24 25 26 27 (5) 28 29 2. Acrostic: (6) [] [] [] [] [] [] 41-46

3. Date this form completed: (7) 49 50 (8) 51 52 (9) 47 48 Month Day Year

4. Date of death: (10) 36 37 (11) 38 39 (12) 34 35 (13) 8 Month Day Year

5. Date SHEP staff learned of death: (14) 55 56 (15) 57 58 (16) 53 54 (17) 9 Month Day Year

6. Place of death: City / County State (18) 59 60 (19) 61 62 63 64 65 Zip

7. After the onset of the fatal event, was the participant taken to a hospital? (20) 66 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? (21) 67 Yes [] 1 No [] 2 Unknown [] 3 Name Address City State Zip Telephone number Date(s)

RECORD TYPE (22) 70 (23) 15 DATE RECEIVED (24) 71-76 (25) 16 UPDATE NUMBER (26) 77-79 (27) 19 DATE LAST PROCESSED (28) 80-85 (29) 18 PAPER COPY (30) 86 (31) 19

Obtain medical records.

9. Signature of person completing this form: (32) 20 Cross-Forms Edit Status (33) 87 (34) 14 (35) 68 69 Signature Code

3-8 (36) 514 BATCH DATE (37) 17-20 (38) 516 TIME MODIFIED (39) 11-16 (40) 515 DATE MODIFIED (41) 21 (42) 517 EDIT STATUS