30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

FINAL REPORT OF DEATH

SPECIAL INSTRUCTIONS

- This form is to be completed and forwarded to the Coordinating Center no later than 6 weeks after staff learns of participant's death.
- Copies of the appropriate documents should accompany this form.
- Each of the documents should be carefully reviewed for completeness prior to being forwarded to the Coordinating Center.
- The participant's SHEP ID and acrostic should be entered onto the top of each accompanying document.

1. SHEP ID: (3) [22|23] - [24|25|26|27] - [28|29] (5) (4)

2. Acrostic: [| | | | |] (6) 41-46

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

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

5. Time of death, if known: [53|54] Hour : [55|56] Minute (9) (10) ☐ a.m. ☐ p.m. (11) 57

6. Is a copy of the death certificate enclosed? 58 (12) 1 ☐ Yes 2 ☐ No → Explain in Comments, Section 9.

7. Was an autopsy performed? a. 59 (13) 1 ☐ Yes → b. (14) 60 1 ☐ Copy of report attached 2 ☐ Copy not attached (explain in Comments, Section 9) 2 ☐ No 3 ☐ DK

8. The following records are enclosed:

		Does Not Exist		Enclosed	Not Enclosed → Explain in Comments, Section 9.
a.	Hospital records				
	(1) Discharge summary	61 (15) ☐ 1		☐ 2	☐ 3
	(2) Discharge diagnosis	☐ 1	(16) 62	☐ 2	☐ 3
	(3) ECGs	63 (17) ☐ 1		☐ 2	☐ 3
	(4) Laboratory reports	☐ 1	(18) 64	☐ 2	☐ 3
	(5) Non-SHEP CT scan	65 (19) ☐ 1		☐ 2	☐ 3
	(6) X-ray or angiography results	☐ 1	(20) 66	☐ 2	☐ 3
	(7) Surgical pathology results	☐ 1		☐ 2	☐ 3
b.	SHEP Neurologic Exam for Stroke (SH27)	67 (21) ☐ 1	(22) 68	☐ 2	☐ 3
c.	SHEP CT scan	☐ 1		☐ 2	☐ 3
d.	SHEP Neurologic Exam for TIA (SH28)	69 (23) ☐ 1	(24) 70	☐ 2	☐ 3
e.	Emergency room records	(25) ☐ 1		☐ 2	☐ 3

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		Does Not Exist	Enclosed	Not Enclosed → Explain in Comments, Section 9.
f.	Ambulance records 72 (26)	☐ 1	☐ 2	☐ 3
g.	Nursing home records	☐ 1 (27) 73	☐ 2	☐ 3
h.	Records from usual source of care 74 (28)	☐ 1	☐ 2	☐ 3
i.	Interviews			
	(1) Witness to death (SH26) (a) Number ___	☐ 1 (29) 75	☐ 2	☐ 3
	(2) Next-of-kin (SH26) (a) Number ___ 76 (30)	☐ 1	☐ 2	☐ 3
	(3) Participant's clinician (SH25) (a) Number ___	☐ 1 (31) 77	☐ 2	☐ 3

Note: Interviews with the witness to death, next of kin or participant's clinician should be sought for every out-of-hospital death. For deaths occurring in the hospital, these interviews are optional, and indicated whenever the Principal Investigator believes the additional information would contribute usefully to assigning the cause of death.

9. Comments: 78 (32) P 0/1

10. Signature of person completing this form: _____ (33) 79 80
Signature Code

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

_____
Signature of PI

RECORD TYPE (34) 81

DATE RECEIVED (35) 82-87

UPDATE NUMBER (36) 88-90

DATE LAST PROCESSED (37) 91-96

PAPER COPY (38) 97

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