

**FINAL REPORT OF DEATH FORM
FORM 33B**

PID - -

Date Completed / /

Month Day Year

This form is to be completed and forwarded to the Coordinating Center. Copies of other appropriate documents noted below should accompany this form. Each of the documents should be carefully reviewed for completeness prior to being forwarded to the Coordinating Center.

1) Date of Death / /

Month Day Year

2) Time of Death : 1 AM 2 PM 8 Unknown

3) Was an autopsy performed?

- 1 No
- 2 Yes →

Has a copy been made of the autopsy report and enclosed with this form?

- 1 No, copy not available
- 2 Yes, copy enclosed

4) Was the participant hospitalized or seen in the ER around the time of death? (*i.e., immediately prior to death or as part of the circumstances that led to the participant's death*)

- 1 No
- 2 Yes
- 8 Unable to determine

The following potential sources of available information about circumstances leading up to the terminal event should be consulted according to the decision matrix and where available, copies should be made and sent to the Coordinating Center.

5) According to the decision matrix (insert location) should a medical record be obtained?

- 1 No → End of questionnaire; **go to CARDIA Staff ID.**
- 2 Yes

6) Were medical records requested?

- 1 No, Unable to locate NOK
- 2 No, Refusal by NOK
- 3 No, Refusal by facility
- 4 Yes, Requested from facility

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7) Please indicate the status of records below by marking (V, X) the appropriate box for each line item.

DOCUMENT		Copy enclosed		Original does not exist		Original exists; no copy available		If no copy, explain.
A.	Form 33A	1		2		3		
B.	Form 33B	1		2		3		
C.	Death Certificate	1		2		3		
D.	Form 33C (if required)							
E.	Autopsy Report	1		2		3		
F.	Emergency Room/Dept	1		2		3		
G.	Hospital Inpatient	1		2		3		
				Go to 7H.		Go to 7H.		
	i. Discharge summary	1		2		3		
	ii. Discharge diagnosis	1		2		3		
	iii. ECGs (12 lead)	1		2		3		
	iv. Procedure/Operative Reports	1		2		3		
	v. Lab reports	1		2		3		
	vi. X-rays, CAT scans, angiography reports	1		2		3		
	vii. Surgical pathology report	1		2		3		
Go to Question 8.								
H.	Ambulance/EMS	1		2		3		
I.	Coroner's Report	1		2		3		
J.	Other	1		2		3		

8) According to the decision matrix, should Form 33C be completed?

1 No → End of questionnaire; **go to CARDIA Staff ID.**

2 Yes →

Has/have a copy/copies been made and enclosed with this form?

1 Yes, copy/copies enclosed

2 No, Explain:

CARDIA Staff ID			
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