



CATT FOLLOW-UP STUDY

PD (112.1)

10/28/2013

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Patient Death Form

ID. No.: ____ - ____ Alpha Code: ____

NOTE: Complete upon confirmation of the death of a CATT patient and enter in the database. Please request a copy of the death certificate from the appropriate State agency or from the reporting family member and send de-identified document to the Coordinating Center if IRB allows.

1. Date of death: (If any part of the dates are unknown for the Month Day or Year, enter 99 for each unknown value)

____ / ____ / ____
Month Day Year

2. Cause of death: _____

OR ☐ Check here if unknown

3. How was this information confirmed? Check as many as apply.

- a. Next of kin ()₁
b. Medical record ()₁
c. Death certificate ()₁
d. Obituary ()₁
e. Social Security Death Index ()₁
f. Other ()₁

f1. Specify: _____

4. Was death certificate requested from family or State agency?

()₁ Yes →
()₀ No

4a. Date death certificate was requested:

____ / ____ / 201 ____
Month Day Year

4b. Was death certificate received?

()₀ No ()₁ Yes → Send to Coordinating Center



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ID. No.: ____ - ____ Alpha Code: ____

5. Last name and certification number of person completing form

a.PRINT Last Name: _____

b.Certification #: ____

6. Date form completed:

____ / ____ / 201____
Month Day Year