

## 

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Data entry complete date: \_\_\_/\_\_/\_\_\_

Data Entry Initials: \_\_\_\_\_

## **PATIENT DEATH FORM**

	ID. No.: subjid Alpha Code: alpha_code
	<b>NOTE:</b> Complete upon confirmation of the death of a FLAME patient and enter in th REDCap database.
1.	Date of death: (If Month and/or Day of death are unknown, enter 99 for the unknown value(s).)
	/ / pddeathdtc Day Month Year
2.	Cause of death: pddthcause
	OR Check here if unknown pddthcauseunk
3.	How was this information confirmed? Check as many as apply.
	a. Next of kin
	b. Medical record
	c. Death certificate
	d. Obituary
	e. Other
4.	Name and certification number of person completing form
	a. PRINT Name:
	b. Certification #:
5.	Date form completed:
	/// Day Month Year