**Form 9: Notification of Death Form**

Study site:  Participant ID**:** -

**Instructions**: Complete this form in the event of a participant death. Attach copies of the death certificate and autopsy report (if available). Completely obscure personal identifiers from the death certificate and autopsy report, and label with the Participant ID.

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| 1. **Information Concerning Death** |

1. Date of death: --
2. Was (were) the cause(s) of death known?  Yes  No *(proceed to A4)*
   1. If “yes”, list the primary cause(s) of death stated on the death certificate

**(Indicate up to four diagnoses, one per line)**:

* + 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the clinician’s opinion, **TB** was **(check one)**:

an immediate cause of death

a contributing cause of death

not a cause of death

uncertain as a contributor to the cause of death

1. What is the likelihood that **study treatment** was a factor in the participant’s death **(check one)**?

Definite

Probable

Possible

Unlikely

Not related

Unclassifiable

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| 1. **Narrative Regarding the Circumstances of the Death and Any Relationship to Study Treatment** |

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| 1. **Form Completion** |

Signature of Principal Investigator or Co PI:

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PRINT name of person completing form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notification of Death Form completed: --