

## OHTS Confirmation of Death Form: DT

Coordinating Center Use Only
Received .....
Logged .....
Checked .....
Entered .....

Patient ID:

Date:  /  /   
mm dd yy

- Call Coordinating Center when notified of patient death.
- Send Confirmation of Death Form with copy of verification to Coordinating Center.
- Investigator must complete Adverse Event Form.

1. Date of death:  /  /  (Use approximate date if exact date is unknown.)  
mm dd yy

2. Primary cause of death: \_\_\_\_\_

3. Important contributing cause of death: \_\_\_\_\_

4. Place of death: \_\_\_\_\_  
*City*  
\_\_\_\_\_  
*State* (Use 2-character postal abbreviation.)

5. What information was used to verify this patient's death?  
(Attach source(s) with this form and send to CC.)

(Check all that apply.)

- Medical Record
- Death Certificate
- Autopsy Report
- Newspaper Clipping
- Social Security Death Index (<http://ssdi.genealogy.rootsweb.com/>)
- Other (specify) \_\_\_\_\_

6. Next of kin: \_\_\_\_\_  
*Name* *Relationship to Patient*  
\_\_\_\_\_  
*Number and Street*  
\_\_\_\_\_  
*City* *State* *ZIP*  
(\_\_\_\_\_) \_\_\_\_\_  
*Area* *Phone*

Investigator's Certification: