

OHTS Confirmation of Death Form: DT

Patient ID:

Date Form Completed: / /
mm dd yy

Call Coordinating Center when notified of patient death.
Complete the DT module in REDCap

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? (Upload source(s) into REDCap.)
(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 Code*

(_____) _____
Area *Phone*

Investigator's Certification: