

# Death Form

1

**Date of Death**

DD/MM/YYYY

■ This form should be completed at the time of death if the patient died within one year +60 days of any Tier 1 surgery.

DEATHDT

## 2 Primary Cause of Death

■ Enter only ONE primary cause of death. If unsure of the primary, check with your local surgeon.

- |   |   |
|---|---|
| <input type="radio"/> Accident                                | <input type="radio"/> Rejection               |
| <input type="radio"/> Acute or chronic cardiac failure        | <input type="radio"/> Renal failure           |
| <input type="radio"/> Anoxic event                            | <input type="radio"/> Respiratory failure     |
| <input type="radio"/> Bleeding                                | <input type="radio"/> Rhythm disturbance      |
| <input type="radio"/> Non-cardiac bleeding                    | <input type="radio"/> Suicide                 |
| <input type="radio"/> Surgical bleeding (intra op or post op) | <input type="radio"/> Surgical site infection |
| <input type="radio"/> Coronary artery event                   | <input type="radio"/> Other major infection   |
| <input type="radio"/> Gastrointestinal complications          | <input type="radio"/> Sepsis                  |
| <input type="radio"/> Liver failure                           | <input type="radio"/> Systemic embolism       |
| <input type="radio"/> Malignancy                              | <input type="radio"/> Inoperable Defect       |
| <input type="radio"/> Mechanical circulatory support failure  | <input type="radio"/> Other, specify          |
| <input type="radio"/> Neurologic event                        |   |
| <input type="radio"/> Pulmonary embolism                      |   |

COD

3.

**Autopsy**

- Yes  
 No  
 Unknown

AUTOPSY

3a.

**Autopsy Findings**

Missing Reason:

- Clear  
 Unknown

AUTOPSYS

4.

**Special Circumstances**

Missing Reason:

- Clear  
 No special circumstances  
 Unknown

DEATHSPE

