

## Death

Is the patient deceased? \*

YES NO

Death date: \*

mm/dd/yyyy

ST=

Was device functioning normally?: \*

YES NO UNK

Post mortem device explant? \*

YES NO UNK

Did device go to manufacturer? \*

YES NO UNK

Location of death: \*

In hospital Out of hospital Unknown

Timing of death: \*

Expected Unexpected Unknown

Primary cause of death: \*

Cancer: \*

Other, specify: \*

Specify support \*

Other cancer: \*