

Not Started **Death Form**

Print this 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.

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 | |

3. Autopsy Yes
 No
 Unknown

3a. Autopsy Findings **Missing Reason:**
 Clear
 Unknown

4. Special Circumstances **Missing Reason:**
 Clear
 No special circumstances
 Unknown