2. **Primary Cause of Death**
   - Enter only ONE primary cause of death. If unsure of the primary, check with your local surgeon.
   - This form should be completed at the time of death if the patient died within one year +60 days of any Tier 1 surgery.

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

3. **Autopsy**
   - Yes
   - No
   - Unknown

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

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