



Notification of Death Form

Participant Trial Number:

Participant Initials:

Randomising Site:

A: Notification of Death

1) Date and time of death:

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2) Primary cause of death:

 Sepsis or sepsis related (including organ/multi-organ failure)

 Not related to sepsis, specify _____

If not related to sepsis, complete SAE form

Form completed by (print name): _____

(Please note: your name must be on the trial delegation log)

Signature: _____

Date signed:

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Completion Guidelines for CRF 12: Notification of Death Form

Participant Initials: Write the initials of the participant's first/given name and surname/family name only. For double barrelled surnames/ family names use the initial from the first part of the surname/family name.

Dates: Please use the following formats for dates: 06-Jun-1956.

Times: Please record all times in the 24-hour format.

Notification of Death Guidance:

- Please complete this CRF using information from the coroner's report.
- Please indicate the **primary** cause of death only.