Form number: 14

Notification of Death Form

iRehab
Remote rehabilitation after intensive care

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Randomising Site:

A: Notification of Death

1) Date of death:

d d – m m m – y y y y

2) Primary cause of death:

☐ Not known

☐ Other, *please give details below*

Form completed by (print name): _____

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

Signature: _____ **Date signed:** d d – m o n – y y y y

Completion Guidelines for CRF 14 Notification of Death Form

Participant Initials:	Write the initials of the participant's first/given name and surname/family name only
Dates:	Please use the following formats for dates: 06-Jun-1956.

Notification of Death Guidance:

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