

Notification of Death Form

REGAIN ID: -

Participant Initials:

Site:

1. DATE OF DEATH

- -

2. DETAILS

1. Is the cause of death known?

No Yes

If Yes, please give brief details:

NOT APPROVED

2. How was death reported:

Telephone

Email

Oth-

NOT APPROVED

3. By whom was death

REGAIN Practitioner

Friend / Relative

Other (please specify)

NOT APPROVED

Please complete a Notification of Death Form and SAE form for all participant deaths.

Form completed by (print name): _____

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

Signature: _____

Date Signed: - -

Completion Guidelines 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.
Cause of death:	Please try to get as many details as possible about the cause of death in the space provided.