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**Follow up**  
**3 months – 12 months**

### 3 MONTH SURVIVAL CHECK

Date of assessment:

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DD/MMM/YYYY

Mortality status at day 90:

Alive ☐Deceased ☐Unknown ☐

### 6 MONTH SURVIVAL CHECK

Date of assessment:

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DD/MMM/YYYY

Mortality status at day 180:

Alive ☐Deceased ☐Unknown ☐

### 12 MONTH SURVIVAL CHECK

Date of assessment:

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DD/MMM/YYYY

Mortality status at day 360:

Alive ☐Deceased ☐Unknown ☐

*If the patient is deceased, please complete the Death Notification form*

FORM COMPLETED BY:

Name (please print):

Date completed:

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DD/MMM/YYYY

Signature: