

ACTION <input type="checkbox"/> A-New Data <input type="checkbox"/> C-Corrected Data <input type="checkbox"/> D-Delete Form	LOCAL ID _____	EPAC <input type="checkbox"/> (CC use only)	- Affix label here - Study Center/ID _____
INSTRUCTIONS: All information below reviewed and determined by Endpoints Committee. Principal Investigator should review form. File in participant's chart.			First Name _____ MI _____ Last Name _____

1. Date of death \_\_\_\_\_ (M/D/Y)

2. Cause of death

a. Immediate cause \_\_\_\_\_ (ICD-9)

b. Due to \_\_\_\_\_ (ICD-9)

c. Source of cause of death information (mark all that apply)

- <sub>1</sub> Autopsy
- <sub>2</sub> Death certificate
- <sub>8</sub> Other, specify \_\_\_\_\_

3. Cancer present

- <sub>0</sub> No
- <sub>1</sub> Yes, specify site(s) and histology(s) \_\_\_\_\_
- <sub>9</sub> Unknown

4. Relationship of cancer to death (mark one):

- <sub>1</sub> Primary cause
- <sub>2</sub> Contributory cause
- <sub>3</sub> Possible cause
- <sub>4</sub> None, cancer clearly not related to death
- <sub>9</sub> Unknown if cancer related to death

5. Status of Endpoint

- <sub>3</sub> CARET Endpoint - Case closed
- <sub>4</sub> No Endpoint materials available for review - Case closed

\_\_\_\_\_ Date \_\_\_\_\_ (M/D/Y)  
 Endpoints Supervisor or Designee                      Staff ID

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Review Number \_\_\_\_\_

7. Reason \_\_\_\_\_