

<p>COMMENTS</p>	<p align="center">- Affix label here-</p> <p>Member ID: ____ - ____ - ____ - ____</p>
<p><i>To be completed by Physician Adjudicator</i></p> <p>Date Completed: _ _ - _ _ - _ _ (M/D/Y)</p> <p>Adjudicator Code: _ _ - _ _ _ _ </p>	<p>Central Case No.: _ _ _ _ _ _ _ _ </p> <p>Case Copy No.: _ _ </p>

1. Date of death: |_|_|-|_|_|-|_|_| (M/D/Y)

		ICD-9-CM/ICD-10-CM Codes	CCC use only
2. Cause of death:			
2.1. Underlying cause: (Disease or injury that initiated events resulting in death.)			
_____	2.2. _ _ _ _ _ _ _ _	2.3. _ _	

Contributory cause(s) of death. Events that did not directly cause death but were contributory. (Hierarchical order not required.)			
2.4. _____	2.5. _ _ _ _ _ _ _ _	2.6. _ _	

2.7. _____	2.8. _ _ _ _ _ _ _ _	2.9. _ _	

2.10. _____	2.11. _ _ _ _ _ _ _ _	2.12. _ _	

2.13. Immediate cause: (Final disease or condition resulting in death.)			
_____	2.14. _ _ _ _ _ _ _ _	2.15. _ _	

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3. Subclassification of underlying cause of death: **(Select only one underlying cause from the following 4 categories (Cancer, CVD, Accident, Other). One category must be completed.)**

Cancer

- | | | |
|---|--|---|
| <input type="checkbox"/> ₁ Breast | <input type="checkbox"/> ₆ Rectum | <input type="checkbox"/> ₃₉ Leukemia |
| <input type="checkbox"/> ₂ Ovary | <input type="checkbox"/> ₇ Uterus | <input type="checkbox"/> ₄₀ Brain |
| <input type="checkbox"/> ₃ Endometrium | <input type="checkbox"/> ₁₀ Lung | <input type="checkbox"/> ₄₁ Multiple Myeloma |
| <input type="checkbox"/> ₄ Colon | <input type="checkbox"/> ₃₇ Pancreas | <input type="checkbox"/> ₈ Other _____ |
| <input type="checkbox"/> ₅ Rectosigmoid junction | <input type="checkbox"/> ₃₈ Lymphoma (NHL only) | <input type="checkbox"/> ₉ Unknown cancer site |

Cardiovascular disease

- ₁₁ Definite Coronary Heart Disease (CHD)
 (No known non-CHD cause and at least one of the following:
 (1)-chest pain within 72 hours of death and/or (2)-history of
 chronic ischemic heart disease in the absence of valvular heart
 disease or non-CHD, and death certificate consistent with CHD
 as the underlying cause.)

₁₄ Possible Coronary Heart Disease (CHD)
 (No known non-CHD cause, and death certificate consistent
 with CHD as the underlying cause.)
- ₁₂ Cerebrovascular disease
- ₁₃ Pulmonary Embolism
- ₁₈ Other cardiovascular disease
- ₁₉ Unknown cardiovascular disease

→ If box 11 or 14 is marked, complete Question 6 on the next page.

Accident/Injury

- ₂₁ Homicide
- ₂₂ Accident
- ₂₃ Suicide
- ₂₈ Other injury

“Other” Cause of Death

- | | | |
|--|--|--|
| <input type="checkbox"/> ₃₁ Alzheimer’s Disease | <input type="checkbox"/> ₃₆ Sepsis | <input type="checkbox"/> ₄₅ Hepatic Cirrhosis |
| <input type="checkbox"/> ₃₂ COPD | <input type="checkbox"/> ₄₂ Dementia, NOS (all subtypes except Alzheimer’s) | <input type="checkbox"/> ₄₆ COVID-19 |
| <input type="checkbox"/> ₃₃ Pneumonia | <input type="checkbox"/> ₄₃ Amyotrophic Lateral Sclerosis (ALS) | <input type="checkbox"/> ₈₈ Another cause of death, known |
| <input type="checkbox"/> ₃₄ Pulmonary Fibrosis | <input type="checkbox"/> ₄₄ Parkinson’s | <input type="checkbox"/> ₉₉ Unknown cause of death |
| <input type="checkbox"/> ₃₅ Renal Failure | | |

4. Was an autopsy performed? **(Mark one.)**

- ₀ No
- ₁ Yes
- ₉ Unknown

5. Documentation used for death adjudication: **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> ₁ Medical records documentation
(current case only) | <input type="checkbox"/> ₆ Informant interview |
| <input type="checkbox"/> ₂ Report of autopsy findings | <input type="checkbox"/> ₇ Form 120 – Initial Notification of Death |
| <input type="checkbox"/> ₃ Death certificate | <input type="checkbox"/> ₉ NDI Search (CCC use only) |
| <input type="checkbox"/> ₄ ER record | <input type="checkbox"/> ₁₀ Coroner's report |
| <input type="checkbox"/> ₅ EMS report | <input type="checkbox"/> ₈ Other _____
(e.g., a previously adjudicated case) |

6. Coronary Death **(In and out of hospital deaths)**

6.1. **Coronary death based on: (Mark all that apply.)**

- ₁ Hospitalized myocardial infarction within 28 days of death
- ₂ Previous angina, myocardial infarction, or revascularization procedure and no known potentially-lethal non-coronary disease process
- ₃ Coronary heart disease (CHD) diagnosed as cause of death at post-mortem examination
- ₄ Death resulting from a CHD-related procedure, such as coronary bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA) **[For any death resulting from a revascularization procedure or an in hospital death, complete Form 121 – Report of Cardiovascular Outcome]**
- ₈ Other (none of the above)

6.2. **Coronary death subclassification: (Mark the one category that applies best.)**

- ₁ Definite fatal MI: no known non-atherosclerotic cause (and death within 28 days of definite MI) or autopsy evidence of acute MI
- ₂ Definite fatal CHD: no known non-atherosclerotic cause and at least one of the following:
(1) chest pain within 72 hours of death, or (2) history of chronic ischemic heart disease in the absence of valvular heart disease or non-ischemic cardiomyopathy
- ₃ Possible fatal CHD: no known non-atherosclerotic cause, and death certificate consistent with CHD as the underlying cause

6.3. **Timing of coronary death: (Mark one.)**

- ₁ Sudden death: death occurring within one hour of symptom onset or after the participant was last seen without symptoms, and death occurs in the absence of potentially lethal non-coronary disease process
- ₂ Rapid death: death occurs within 1-24 hours of symptom onset
- ₃ Other coronary death (Does not fulfill criteria for sudden or rapid coronary death.)

Responsible Adjudicator Signature

7. Editor Code