Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6705 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0414). Do not return the completed form to this address.

### Form 120 - Initial Notification of Death

**Contact date:** ____________ (M/D/Y)

**Completed by:**
- [ ] 1 Phone
- [ ] 2 Mail
- [ ] 8 Other

**Contact type:**
- [ ] 1 Phone
- [ ] 2 Mail
- [ ] 8 Other

1. **What is the date of death?** ____________ - ____________ - ____________ (M/D/Y)

2. **Source of notification:** *(Mark one.)*
   - [ ] 1 Family member
   - [ ] 2 Friend/associate of deceased
   - [ ] 3 Personal physician
   - [ ] 4 NDI
   - [ ] 8 Other

   2.1. Name, address and phone number of the source.
   - **Name:** __________________________________________________
   - **Address:** __________________________________________________
   - **Phone Number:** (____) _______________________________________

3. **Did the death occur in a hospital/medical institution (i.e., hospital, long term care facility, hospice)?**
   - [ ] 0 No
   - [ ] 1 Yes
   - [ ] 9 Unknown
   - [ ] Go to Page 2.

   3.1. Name, address and phone number of the hospital/medical institution (i.e., hospital, long term care facility, hospice).
   - **Hospital Name:** ____________________________________________
   - **City/State:** ________________________________________________
   - **Phone Number:** (____) _____________________________________
   - [ ] Go to Page 2.

   3.2. Location and address of death, if death did not occur in a hospital/medical institution.
   - **Location:** ________________________________________________
   - **Address:** ________________________________________________

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4. Was an autopsy done?

- [ ] 0 No
- [ ] 1 Yes
- [ ] 9 Unknown

4.1. Name, address and phone number where autopsy was performed.

Name: __________________________________________________
Address: __________________________________________________
Phone Number: (____) ____________________________

5. Where will the death certificate be obtained?

- [ ] 1 Coroner/Medical Examiner
- [ ] 2 Personal physician
- [ ] 3 Vital Statistics Office
- [ ] 8 Other (Specify): ____________________________
- [ ] 9 Unknown

5.1. Name, address and phone number of individual providing the death certificate.

Name: __________________________________________________
Address: __________________________________________________
Phone Number: (____) ____________________________

6. (Ask of source): To the best of your knowledge, what was the underlying cause of death?

____________________________________________________________________________
____________________________________________________________________________

7. On the basis of currently available data, what was the underlying cause of death? (Mark one.)

- Cancer
  - [ ] 1 Breast
  - [ ] 2 Ovarian
  - [ ] 3 Endometrial
  - [ ] 4 Colon
  - [ ] 5 Rectosigmoid junction
  - [ ] 6 Rectum
  - [ ] 7 Uterus
  - [ ] 8 Other cancer
  - [ ] 9 Unknown cancer site

- Cardiovascular Disease
  - [ ] 11 Coronary Heart Disease (CHD)
  - [ ] 12 Cerebrovascular disease
  - [ ] 13 Pulmonary Embolism
  - [ ] 18 Other cardiovascular disease
  - [ ] 19 Unknown cardiovascular disease

- Accident/Injury
  - [ ] 21 Homicide
  - [ ] 22 Accident
  - [ ] 23 Suicide

- “Other” Cause of Death
  - [ ] 31 Alzheimer’s Disease
  - [ ] 32 COPD
  - [ ] 33 Pneumonia
  - [ ] 34 Pulmonary Fibrosis
  - [ ] 35 Renal Failure
  - [ ] 36 Sepsis
  - [ ] 88 Another cause of death, known
  - [ ] 99 Unknown cause of death