

Death

Is the patient deceased?*

YES NO

Death date:* mm/dd/yyyy ST=

Was device functioning normally?:* YES NO UNK

Was there an operation associated with device malfunction?:* YES NO UNK

Post mortem device explant?* YES NO UNK

Did device go to manufacturer?* YES NO UNK

Location of death:* In hospital Out of hospital Unknown

Timing of death:* Expected Unexpected Unknown

Autopsy:* YES NO UNK

Primary cause of death:*

Cancer:*

Other, specify:*

Other cancer:*

Secondary cause of death:*

Cancer:*

Other, specify:*

Other cancer:*

Secondary cause of death:*

Cancer:*

Other, specify:*

Other cancer:*