

ICSS Death Report

Centre Investigator ICSS No
Family Name Forename D o B .../.../...
Date of Death .../.../...
Day /Month /Year

Underlying cause of death (main event leading to death)
Stroke [] (complete major event form)
Myocardial Infarction [] (complete major event form if within 30 days)
Sudden death, probably cardiovascular []
Pulmonary embolism []
Other vascular (e.g. aortic aneurism) [] Details:
Non-vascular cause []Details:
Brief description of events leading to death:.....

Documentation
Was post-mortem examination (autopsy) performed? Yes [] (please enclose PM/autopsy report) No []
Please obtain copies of death certificate (please translate into English, if relevant)
Diagnosis on death certificate:
1. Primary cause of death
2. Contributing cause of death
Form completed by (PRINT): Date: .../.../...
Day/month/year

PLEASE COPY FOR YOUR FILES THEN POST OR FAX THIS FORM TO THE ICSS OFFICE TOGETHER WITH COPIES ANY RELEVANT IMAGING FILMS AND/OR REPORTS.