## ESRD DEATH NOTIFICATION

**END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM**

**Form Approved:**

OMB No. 0938-0088

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### 1. PATIENT'S LAST NAME

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MI</th>
<th>2. HEALTH INSURANCE CLAIM NUMBER</th>
</tr>
</thead>
</table>

### 3. PATIENT'S COUNTY OF RESIDENCE

<table>
<thead>
<tr>
<th>4. STATE</th>
<th>5. DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo.</td>
<td>Day</td>
</tr>
</tbody>
</table>

### 7. PROVIDER NAME AND ADDRESS (CITY AND STATE)

### 8. PROVIDER NUMBER

<table>
<thead>
<tr>
<th>9. PLACE OF DEATH (Check one)</th>
<th>10. WAS AN AUTOPSY PERFORMED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2. No</td>
</tr>
</tbody>
</table>

### 11. CAUSES OF DEATH (Place number from the List of Causes in the spaces provided)

#### Primary Cause

#### Secondary Cause

#### LIST OF CAUSES

- **01 Pericarditis**
  - (Including cardiac tamponade)
- **02 Myocardial infarction, acute**
- **03 Cardiac (Other than 01 or 02)**
- **04 Cerebrovascular (Including spontaneous subdural hematoma)**
- **05, 06 Embolism, air, pulmonary**
- **07 GI hemorrhage**
- **08 Vascular access hemorrhage**
- **09 Hemorrhage**
- **10 Pulmonary infection**
- **11 Sepsis**
- **12 Viral hepatitis**
- **13 Infection (Other than 10, 11, or 12)**
- **14 Hyperkalemia**
- **15 Pancreatitis**
- **16 Malignancy**
- **17 Withdrawal from dialysis**
- **18 Suicide**
- **19 Accidental death, treatment related (Other than 05)**
- **20 Accidental death not treatment related**
- **21 Unknown cause**
- **22 Other (Specify in Remarks)**

### 12. IF A MALIGNANCY WAS PRESENT AT DEATH, INDICATE THE YEAR DIAGNOSED, SITE AND TYPE OF EACH PRIMARY

<table>
<thead>
<tr>
<th>1. Yr.</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Yr.</td>
<td>Site</td>
</tr>
</tbody>
</table>

| 1. Type | 2. Type |

### 13. IF DECEASED RECEIVED A TRANSPLANT

#### Remarks

<table>
<thead>
<tr>
<th>1. Date of most recent transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo.</td>
</tr>
</tbody>
</table>

#### 2. Was kidney functioning (Patient off dialysis) prior to death?

| 1. Yes | 2. No | 3. Unknown |

#### 3. Did transplant patient resume outpatient chronic maintenance dialysis prior to death?

| 1. Yes | 2. No |

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**NOTE:**

*If patient residence is not in a specific county, enter incorporated city or township.

Under provisions of the Privacy Act 1974, P.L. 93-579, amending Title 5, United States Code, the information collected herein is not being used for any purpose other than to accommodate the renal provisions of P.L. 92-603.

Form BQA-905 (6/76)