DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB N0. 0938-0448

ESRD DEATH NOTIFICATION

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM

1. PATIENT'S LAST NAME	FIRST	MI	2. HEALTH INSURANCE CLAIM NUMBER

3. PATIENT'S SEX	4. PATIENT'S STATE OF RESIDENCE	5. DATE OF BIRTH	6. DATE OF DEATH
a. ☐ Male b. ☐ Female		MONTH DAY YEAR	MONTH DAY YEAR

7. PROVIDER NAME AND ADDRESS (CITY AND STATE)

8. PROVIDER NUMBER	9. PLACE OF DEATH (Check one)	10. WAS AN AUTOPSY PERFORMED?
	a. ☐ Hospital b. ☐ Dialysis c. ☐ Home d. ☐ Other	a. ☐ Yes b. ☐ No

11. CAUSES OF DEATH (Enter code form List of Causes below.)

a. Primary Cause ☐

b. Were there Secondary Causes? ☐ No ☐ Yes, Specify (1) ☐ (2) ☐ (3) ☐ (4) ☐

LIST OF CAUSES

CARDIAC
23 Myocardial infarction, acute
24 Hyperkalemia
25 Pericarditis, incl. cardiac tamponade
26 Atherosclerotic heart disease
27 Cardiomyopathy
28 Cardiac arrhythmia
29 Cardiac arrest, cause unknown
30 Valvular heart disease
31 Pulmonary edema due to exogenous fluid

VASCULAR
35 Pulmonary embolus
36 Cerebrovascular accident including intracranial hemorrhage
37 Ischemic brain damage/Anoxic encephalopathy
38 Hemorrhage from transplant site
39 Hemorrhage from vascular access
40 Hemorrhage from dialysis circuit
41 Hemorrhage from ruptured vascular aneurysm
42 Hemorrhage from surgery (not 38, 39 or 41)
43 Other hemorrhage (not Codes 38-42, 72)
44 Mesenteric infarction/ischemic bowel

INFECTION
49 Septicemia, due to vascular access
50 Septicemia, due to peritonitis
51 Septicemia, due to peripheral vascular disease, gangrene
52 Septicemia, other
53 Pulmonary infection (bacterial)
54 Pulmonary infection (fungal)
55 Pulmonary infection (other)
56 Viral Infection, CMV
57 Viral Infection, Other (not 64 or 65)
58 Tuberculosis
59 A.I.D.S.
60 Infections, other

LIVER DISEASE
64 Hepatitis B
65 Other viral hepatitis
66 Liver-drug toxicity
67 Cirrhosis
68 Polycystic liver disease
69 Liver failure, cause unknown other

GASTRO-INTESTINAL (see also 50)
72 Gastro-intestinal hemorrhage
73 Pancreatitis
74 Fungal peritonitis
75 Perforation of peptic ulcer
76 Perforation of bowel (not 75)

OTHER
80 Bone marrow depression
81 Cachexia
82 Malignant disease, patient ever on immunosuppressive therapy
83 Malignant disease (not 82)
84 Dementia, incl. dialysis dementia, Alzheimer's
85 Seizures
86 Diabetic coma, hyperglycemia, hypoglycemia
87 Chronic obstructive lung disease (COPD)
88 Complications of surgery
89 Air embolism
90 Accident related to treatment
91 Accident unrelated to treatment
92 Suicide
93 Drug overdose (street drugs)
94 Drug overdose (not 92 or 93)
98 Other identified cause of death, please specify: _____
99 Unknown

12. FOR ALL DEATHS INDICATE YES/NO

Renal replacement therapy discontinued prior to death: ☐ Yes ☐ No

If Yes, check one of the following:

a. ☐ Following HD and/or PD access failure
b. ☐ Following transplant failure
c. ☐ Following chronic failure to thrive
d. ☐ Following acute medical complication
e. ☐ Other

13. IF DECEASED RECEIVED A TRANSPLANT

a. Date of most recent transplant MONTH DAY YEAR

b. Was kidney functioning (patient not on dialysis) at time of death? ☐ Yes ☐ No ☐ Unknown

c. Did transplant patient resume chronic maintenance dialysis prior to death? ☐ Yes ☐ No

14. REMARKS

15. NAME OF PHYSICIAN	16. SIGNATURE OF PERSON COMPLETING THIS FORM	DATE

This report is required by law (42, U.S.C. 426; 20 CFR 405, Section 2133). Individually identifable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 U.S.C. 5520; 45 CFR Part 5a).