Vertebral artery Ischaemic Stenting Trial Death Report

Previous Rand ID (if applic.):	Centre Name:	Ir	ivestigator:		
Underlying Cause of Death (main event leading to death): Stroke NB Please complete Stroke/TIA Event Form Myocardial Infarction Sudden death, probably cardiovascular Pulmonary embolism Other vascular (e.g. aortic aneurysm) Details	Previous Rand ID (if applic.):	Р	IN (eCRF): P _		
Underlying Cause of Death (main event leading to death): Stroke NB Please complete Stroke/TIA Event Form Myocardial Infarction Sudden death, probably cardiovascular Pulmonary embolism Other vascular (e.g. aortic aneurysm) Details					
Stroke NB Please complete Stroke/TIA Event Form Myocardial Infarction Sudden death, probably cardiovascular Pulmonary embolism Other vascular (e.g. aortic aneurysm) Details	Date of death://	(dd/	mm/yyyy)		
Myocardial Infarction Sudden death, probably cardiovascular Pulmonary embolism Other vascular (e.g. aortic aneurysm) Details	Underlying Cause of Death (main event leading to death):				
Sudden death, probably cardiovascular Pulmonary embolism Details. Non-vascular cause Details. Synopsis of events leading to death NB Please send in a copy of the Serious Adverse Event Form with event(s) leading to death Documentation Was post-mortem examination (autopsy) performed Yes *If Yes, please enclose PM/autopsy report Diagnosis on death certificate: 1. Primary cause of death: 2. Contributing cause of death: NB Please send in copies of Death Certificate (translated into English) Form completed by (print). Signed.	Stroke NB Please	complete Stroi	ke/TIA Event Fo	orm	
Pulmonary embolism	Myocardial Infarction □				
Other vascular (e.g. aortic aneurysm) Details	Sudden death, probably cardiovascular				
Details	Pulmonary embolism				
Non-vascular cause Details		_			
Synopsis of events leading to death NB Please send in a copy of the Serious Adverse Event Form with event(s) leading to death Documentation Was post-mortem examination (autopsy) performed Yes □* No□ *If Yes, please enclose PM/autopsy report Diagnosis on death certificate: 1. Primary cause of death: 2. Contributing cause of death: NB Please send in copies of Death Certificate (translated into English) Form completed by (print)	Non-vascular cause				
NB Please send in a copy of the Serious Adverse Event Form with event(s) leading to death Documentation Was post-mortem examination (autopsy) performed Yes * No *If Yes, please enclose PM/autopsy report Diagnosis on death certificate: 1. Primary cause of death: 2. Contributing cause of death: NB Please send in copies of Death Certificate (translated into English) Form completed by (print)					
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Diagnosis on death certificate: 1. Primary cause of death: 2. Contributing cause of death: NB Please send in copies of Death Certificate (translated into English) Form completed by (print)	Was post-mortem examination (autopsy) performed	Yes □*	No□	
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2. Contributing cause of death: NB Please send in copies of Death Certificate (translated into English) Form completed by (print)	Diagnosis on death certificate:				
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Form completed by (print)	2. Contributing cause of death:				
	NB Please send in copies of Death Ce	ertificate (trans	slated into Eng	ılish)	
			Signed	d	