

# Vertebral artery Ischaemic Stenting Trial

## Death Report

<b>Centre Name:</b> _____	<b>Investigator:</b> _____
Previous Rand ID (if applic.): .....	<b>PIN (eCRF):</b> P _____

<b>Date of death:</b> ____/____/____ (dd/mm/yyyy)
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**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.....

.....

Non-vascular cause

Details.....

.....

**Synopsis of events leading to death**

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***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).....	Signed.....
Date ____/____/____	