



This form can only be filled in for deceased patients.

Death report form

<p>Date of death: [Year] [Month] [Day] <input type="checkbox"/> Date of death unknown</p>	<p><< The date of death must not be previous to the date of birth>> If day and/or month are unknown, leave these fields empty. If the date is completely unknown, select "Date of death unknown"</p>
<p>Main cause(s) leading to death: <input type="checkbox"/> Septic shock <input type="checkbox"/> Heart failure <input type="checkbox"/> Respiratory failure <input type="checkbox"/> Liver failure <input type="checkbox"/> Renal failure <input type="checkbox"/> Multiple organ failure <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Thrombosis <input type="checkbox"/> Neurological complications <input type="checkbox"/> Surgical complications <input type="checkbox"/> Drug toxicity <input type="checkbox"/> Relapse of malignancy <input type="checkbox"/> Veno-occlusive disorder <input type="checkbox"/> Graft-versus-host Disease <input type="checkbox"/> Rejection/Poor graft function <input type="checkbox"/> Post-transplant lymphoproliferative disorder <input type="checkbox"/> Other - specify: _____ <input type="checkbox"/> Unknown</p>	<p>Indicate the main cause(s) of death (several can be selected).</p>
<p>Underlying morbid setting(s) associated with mortality: <input type="checkbox"/> Infection, specify: _____ <input type="checkbox"/> Malignancy, specify: _____ <input type="checkbox"/> Immune dysregulation, specify: _____ <input type="checkbox"/> Transplantation-related cause <input type="checkbox"/> Other - specify: _____ <input type="checkbox"/> Unknown</p>	<p>Indicate the general clinical context leading to occurrence of the death event (several can be selected). Definition of immune dysregulation: lymphoproliferation, (splenomegaly, hepatomegaly, lymphadenopathy), granuloma, autoimmunity (e.g. cytopenia, thyroid disease, joint disease, hepatitis, vitiligo, alopecia, diabetes), inflammatory bowel disease, celiac disease, vasculitis, eczema, autoinflammatory disease</p>
<p>ICD10 Categorisation <<several can be entered>> Code: Text:</p>	<p><<optional fields, entries are selected via searchable field from ICD10 dictionary>> Enter at least two characters in either the code or the text field. Matching entries are presented as a list that you can select from.</p>