

Cancer History

INSTRUCTION: If 'Yes' for History of non-metastatic cancer, fill in the below table. Include information from all known non-metastatic cancers.

Primary Tumor Site <i>(Insert organ name)</i>	Month/Year of first diagnosis <i>(mm/yyyy)</i>	History of any treatments <i>(circle all that apply)</i> <i>(specify if 'Other')</i>	Date of last radiation or chemotherapy treatment if applicable <i>(mm/yyyy)</i>	Is there medical record documenting history of cancer and treatment? <i>(circle one)</i>
		Surgery Radiation Chemotherapy None Unknown Other: _____		yes no unknown
		Surgery Radiation Chemotherapy None Unknown Other: _____		yes no unknown
		Surgery Radiation Chemotherapy None Unknown Other: _____		yes no unknown
		Surgery Radiation Chemotherapy None Unknown Other: _____		yes no unknown
		Surgery Radiation Chemotherapy None Unknown Other: _____		yes no unknown

General Medical History

Medical Condition	Option (circle one)	Year of Onset (yyyy)	History of Treatment (circle one)	Medical Record Documentation (circle one)
Alzheimer's OR Dementia	yes no unknown		yes no unknown	yes no unknown
Ischemic Heart Disease (coronary artery disease (CAD), coronary heart disease, ischemic cardiomyopathy)	yes no unknown		yes no unknown	yes no unknown
Cerebrovascular Disease (stroke, TIA, embolism, aneurysm, other circulatory disorder affecting the brain)	yes no unknown		yes no unknown	yes no unknown
Heart attack, acute myocardial infarction, acute coronary syndrome	yes no unknown		yes no unknown	yes no unknown
Renal Failure	yes no unknown		yes no unknown	yes no unknown
Nephritis, Nephrotic Syndrome and/or Nephrosis	yes no unknown		yes no unknown	yes no unknown
Chronic Respiratory Disease (Chronic Obstructive Pulmonary Disease (COPD)	yes no unknown		yes no unknown	yes no unknown
Chronic Lower Respiratory Disease (CLRD-including chronic bronchitis, emphysema, asthma)	yes no unknown		yes no unknown	yes no unknown
Influenza (acute viral infection including avian influenza)	yes no unknown		yes no unknown	yes no unknown
Pneumonia (acute respiratory infection affecting the lungs)	yes no unknown		yes no unknown	yes no unknown
Diabetes mellitus type 1 (IDDM, formerly juvenile diabetes)	yes no unknown		yes no unknown	yes no unknown



General Medical History Continued

Medical Condition	Option (circle one)	Year of Onset (yyyy)	History of Treatment (circle one)	Medical Record Documentation (circle one)
Diabetes mellitus type II (NIDDM, adult onset diabetes)	yes no unknown		yes no unknown	yes no unknown
Uremia (Kidney Disorder)	yes no unknown		yes no unknown	yes no unknown
Bacterial Infections (including septicemia (bacteria in the blood), meningococcal disease, staphylococcal infection, streptococcus, sepsis)	yes no unknown		yes no unknown	yes no unknown
Liver Disease (liver abscess, failure, fatty liver syndrome, inherited liver insufficiency, acute/chronic hepatic insufficiency, necrobacillosis, rupture)	yes no unknown		yes no unknown	yes no unknown
Arthritis	yes no unknown		yes no unknown	yes no unknown
Major depression (unipolar depression, major depressive disorder)	yes no unknown		yes no unknown	yes no unknown
Asthma	yes no unknown		yes no unknown	yes no unknown
Hypertension	yes no unknown		yes no unknown	yes no unknown
Parkinson's Disease	yes no unknown		yes no unknown	yes no unknown
Schizophrenia	yes no unknown		yes no unknown	yes no unknown
Crohn's Disease	yes no unknown		yes no unknown	yes no unknown
Gastric Reflux Disease, reflux esophagitis, heartburn, GERD	yes no unknown		yes no unknown	yes no unknown
Atrial Fibrillation	yes no unknown		yes no unknown	yes no unknown
Sjogren's Disease (chronic dry mouth/dry eyes)	yes no unknown		yes no unknown	yes no unknown
Diverticular Disease, diverticulitis	yes no unknown		yes no unknown	yes no unknown
Ulcerative Colitis	yes no unknown		yes no unknown	yes no unknown



Section D-1: Death Circumstances

INSTRUCTION: Complete for Postmortem or Organ Donor Cases only

Identifying the appropriate death classification using the 4-point Hardy Scale is a subjective determination. The following terminal phase explanations also include a working list of COD examples for reference and consistency.

- 1) Violent and fast death: *Deaths with a terminal phase estimated at < 10 min (including but not limited to MVA or blunt force trauma, gunshot, or suicide).*
- 2) Fast death of natural causes: *Sudden unexpected deaths of people who had been reasonably healthy, after a terminal phase estimated at < 1 hr (with sudden death from a myocardial infarction and heart failure as model causes of death for this category)*
- 3) Intermediate death: *Death after a terminal phase of 1 to 24 hrs (not classifiable as 2 or 4); patients who were ill but death was unexpected(Ex. CVA/stroke, intracranial hemorrhage, etc.)*
- 4) Slow death: *Death after a long illness (not unexpected), with a terminal phase longer than 1 day (commonly ALS, liver disease, heart disease, renal failure, dementia or chronic pulmonary disease, etc.)*
- 0) Ventilator Case: *All cases on a ventilator immediately before death.*

The following methods and information source types can be used to obtain the Immediate Cause of Death, First Underlying Cause of Death and Last Underlying Cause of Death.

- Death certificate
- Donor source site records
- Next of Kin medical/social records

Instruction: A response to EACH question is required. Note "unknown" if not known	
Is death certificate available? <i>(circle one)</i>	yes no unknown
Date and time pronounced dead <i>(mm/dd/yyyy hr:min)</i>	
INSTRUCTION: Capture one of the next two highlighted sections	
Date and time of actual (witnessed) death as defined by Cardiac Cessation <i>(mm/dd/yyyy hr:min)</i>	
or	
Date and time of presumed Cardiac Cessation <i>(mm/dd/yyyy hr:min)</i>	
Date and time last seen alive <i>(mm/dd/yyyy hr:min)</i>	



Place of death <i>(circle one, if 'other' – specify)</i>	<table> <tr> <td>Hospital inpatient</td> <td>Nursing home/Long-term care facility</td> </tr> <tr> <td>Emergency room</td> <td>Decedent's home</td> </tr> <tr> <td>Outpatient</td> <td>Dead on arrival at hospital</td> </tr> <tr> <td>Hospice</td> <td>Other (specify): _____</td> </tr> </table>	Hospital inpatient	Nursing home/Long-term care facility	Emergency room	Decedent's home	Outpatient	Dead on arrival at hospital	Hospice	Other (specify): _____
Hospital inpatient	Nursing home/Long-term care facility								
Emergency room	Decedent's home								
Outpatient	Dead on arrival at hospital								
Hospice	Other (specify): _____								
If death occurred outside of hospital, who determined date/time of death? <i>(circle one, if 'other' – specify)</i>	<table> <tr> <td>Physician</td> </tr> <tr> <td>Coroner/Medical Examiner (ME)</td> </tr> <tr> <td>Other (specify): _____</td> </tr> </table>	Physician	Coroner/Medical Examiner (ME)	Other (specify): _____					
Physician									
Coroner/Medical Examiner (ME)									
Other (specify): _____									
Manner of death <i>(circle one)</i>	<table> <tr> <td>Natural</td> <td>Homicide</td> </tr> <tr> <td>Accident</td> <td>Pending</td> </tr> <tr> <td>Suicide</td> <td>Undetermined</td> </tr> </table>	Natural	Homicide	Accident	Pending	Suicide	Undetermined		
Natural	Homicide								
Accident	Pending								
Suicide	Undetermined								
Death classification based on the 4-point Hardy Scale	<p>1) Violent and fast death <i>Deaths due to accident, blunt force trauma or suicide, terminal phase estimated at < 10 min.</i></p> <p>2) Fast death of natural causes <i>Sudden unexpected deaths of people who had been reasonably healthy, after a terminal phase estimated at < 1 hr (with sudden death from a myocardial infarction as a model cause of death for this category)</i></p> <p>3) Intermediate death <i>Death after a terminal phase of 1 to 24 hrs (not classifiable as 2 or 4); patients who were ill but death was unexpected</i></p> <p>4) Slow death <i>Death after a long illness, with a terminal phase longer than 1 day (commonly cancer or chronic pulmonary disease); deaths that are not unexpected</i></p> <p>0) Ventilator Case <i>All cases on a ventilator immediately before death.</i></p>								
Did Coroner / ME Perform an Autopsy? <i>(circle one)</i>	<table> <tr> <td>yes</td> <td>no</td> <td>unknown</td> </tr> </table>	yes	no	unknown					
yes	no	unknown							



Assault (homicide) by discharge of firearms

Assault (homicide) by other and unspecified means and their sequelae

Asthma

Atherosclerosis

Atherosclerotic cardiovascular disease, so described

Bronchitis, chronic and unspecified

Cerebrovascular diseases

Cholelithiasis and other disorders of gallbladder

Chronic ischemic heart disease, all other forms

Complications of medical and surgical care

Diabetes mellitus

Emphysema

Endocarditis, acute and subacute

Falls

Heart failure

Hernia

Inflammatory diseases of female pelvic organs

Influenza

Intentional self-harm (suicide) by discharge of firearms

Intentional self-harm (suicide) by other and unspecified means and their sequelae

Kidney diseases

Liver disease, alcoholic

Liver disease, other chronic and cirrhosis

Lower respiratory diseases, chronic, other

Neoplasms - in situ, benign neoplasms and neoplasms of uncertain or unknown behavior



Neoplasms, malignant

Nutritional deficiencies

Parkinson's disease

Peptic ulcer

Pericardium and acute myocarditis diseases

Pneumonia

Pneumonitis due to solids and liquids

Pregnancy, childbirth and the puerperium

Prostate, hyperplasia

Renal failure

Rheumatic fever, acute and chronic rheumatic heart diseases

Other (Specify) _____

Section D-2: Surgical Procedures

INSTRUCTION: Complete for Surgical Cases only

Pre-Operative Medications

Duration of administration of pre-operative medications to surgery (<i>hr:min</i>)	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered Type of intravenous (IV) sedation administered	Dosage / Unit
Midazolam	
Lorazepam	
Diazepam	
Other (specify) :	
Other (specify):	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered Type of IV Opiate administered	Dosage / Unit
Fentanyl	
Hydromorphone	
Meperidine	
Morphine	
Other (specify):	
Other (specify):	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered Type of IV Antiemetic administered	Dosage / Unit
Droperidol	
Ondansetron	
Other (specify):	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered Type of IV Antacid administered	Dosage / Unit
Ranitidine	
Other (specify) :	

INSTRUCTION: Leave *Dosage* blank for any not administered

Type of local anesthesia agents administered	Dosage / Unit
Lidocaine	
Procaine	
Other (specify) :	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered	Dosage / Unit
Type of regional (spinal/epidural) anesthesia agents administered	Dosage / Unit
Bupivacaine	
Lidocaine	
Other (specify) :	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered	Dosage / Unit
Type of IV anesthetic administered	Dosage / Unit
Brevital® Sodium	
Etomidate	
Ketamine	
Propofol	
Sodium thiopental	
Other (specify) :	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered	Dosage
Type of IV narcotic / opiate anesthetic administered	Dosage
Fentanyl	
Hydromorphone	
Morphine	
Meperidine	
Other (specify) :	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered	Dosage / Unit
Type of IV muscle relaxant administered	Dosage / Unit
Suxamethonium chloride	
Pancuronium	
Vercuronium	
Other (specify):	
INSTRUCTION: Leave <i>Dosage</i> blank for any not administered	Dosage / Unit
Type of Inhalation anesthetic administered	Dosage / Unit



Other medications administered during surgery

Medication Name	Dosage / Unit
Insulin (specify):	
Steroids (specify):	
Antibiotics (specify):	
Any other medications (specify)	

Section E: Serology Results

INSTRUCTION: Circle one for each test

Test	Result			
HIV I/II Ab	Not Performed	Positive	Negative	Indeterminate
HIV I/II Plus O Antibody	Not Performed	Positive	Negative	Indeterminate
HBsAg	Not Performed	Positive	Negative	Indeterminate
HBsAb	Not Performed	Positive	Negative	Indeterminate
HBcAb (Total; IgG+IgM)	Not Performed	Positive	Negative	Indeterminate
HBcAb-IgM	Not Performed	Positive	Negative	Indeterminate
HCV Ab	Not Performed	Positive	Negative	Indeterminate
EBV IgG Ab	Not Performed	Positive	Negative	Indeterminate
EBV IgM Ab	Not Performed	Positive	Negative	Indeterminate
RPR	Not Performed	Positive	Negative	Indeterminate
CMV Total Ab	Not Performed	Positive	Negative	Indeterminate
HIV-1 NAT	Not Performed	Positive	Negative	Indeterminate
HCV-1 NAT	Not Performed	Positive	Negative	Indeterminate
PRR/VDRL	Not Performed	Positive	Negative	Indeterminate