Cause of Death (CoDe) event form

Name of Centre  
Gender  
Year of Birth  

Patient ID  
Date of death  

1. Brief narrative description of the sequence of events leading to death (please include means of diagnosis of illnesses):

2. Summary of the causal relation between the conditions leading to death:

1. Condition that directly caused death (immediate cause):

2. Due to or as a consequence of:

3. Due to or as a consequence of:

4. Condition that initiated the train of morbid events (the underlying condition):
All available information regarding this event has been collected.

Reported by:  Date:  

Verified by  Date:  
(Senior physician):  

Stamp/signature:  

Stamp/signature:  