

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:

Stamp/signature:

Verified by

Date:

Stamp/signature:

(Senior physician):