

/		/		/					
---	--	---	--	---	--	--	--	--	--

--	--

DEATH SUMMARY

Date of Death		
DD	MON	YY
:	:	:

CAUSE OF DEATH

Provide the Cause of Death as indicated on the death certificate. (✓) Not Available

.....

Was infection present at time of death?

(✓) No (✓) Yes * (✓) Unknown

* Specify

Was there bone marrow evidence of a malignant transformation at the time of death?

(✓) No (✓) Yes * (✓) Unknown

* Specify (✓)
 MDS, specify subtype

Acute myeloid leukemia, specify subtype

Other, specify:.....

Was the event that lead to death related to growth factor (cytokine)? If yes, specify brand name _____ and check appropriate box below:

Not Related Unlikely Related Possibly Related
 Probably Related Definitely Related

AUTOPSY

Was an autopsy performed?

Date of Autopsy		
DD	MON	YY
:	:	:

(✓) Unknown
 (✓) No
 (✓) Yes, summarize report below or attach report

.....

I have reviewed all data collected on this case report form and attest to its accuracy.

.....

Signature of the Referring Physician