

# Review Form



Study: \_\_\_\_\_

Patient ID code: \_\_\_\_\_

Date of death : \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(dd/mmm/yy eg 01-FEB-05)

## Section 1 ♦ Underlying cause of death and conditions contributing to death

*(Please refer to the table on page 2)*

Cause of death	Illness/Condition/ Injury (text)	CoDe (01-92)	Certainty:		
			Definitely	Likely	Possibly
<b>Immediate</b> (Mandatory)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ICD10 code (optional) ____ . ____				
Contributing (If applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing (If applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing (If applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing (If applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Underlying</b> (Mandatory)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ICD10 code (optional) ____ . ____				

**Comments:**

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## Section 2 ♦ Death related to immunodeficiency?

Was the underlying or contributing cause of death a CDC C disease or Hodgkin's Lymphoma?

Yes     No     Unknown

*If No,*

by applying the CoDe guidelines on the next page, do you consider the death to be related to immunodeficiency?  
*(Please refer to the algorithm on page 2)*

Yes, definitely

Yes, likely

Yes, possibly

No, assumed not

No, definitely not

Comments \_\_\_\_\_

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**Completed by :** Name (Signature): \_\_\_\_\_

**Date** (dd/mmm/yy eg 01-FEB-05): \_\_\_\_ - \_\_\_\_ - \_\_\_\_    **Initials:** \_\_\_\_\_

For internal use only: Reviewer ID \_\_\_\_\_ Date \_\_\_\_\_

## Reviewer Reference Page

# CoDe

### **Section 1 Instructions:**

**The CoDe system:** All of the causes should be coded by using the CoDe codes provided in the below listing. Note that the system is separated in three sections, where the first section including more specific causes takes priority over the second, which again takes priority over the third section:

Code	Description	Code	Description
<b>01</b>	AIDS (ongoing active disease)	<b>13</b>	Chronic obstructive lung disease
	01.1 Infection	<b>14</b>	Liver failure (other than 03, 03.1, 03.2)
	01.2 Malignancy	<b>15</b>	Renal failure
<b>02</b>	Infection (other than 01.1)	<b>16</b>	Accident or other violent death (not suicide)
	02.1 Bacterial	<b>17</b>	Suicide
	02.1.1 Bacterial with sepsis	<b>18</b>	Euthanasia
	02.2 Others	<b>19</b>	Substance abuse (active)
	02.2.1 Other with sepsis	19.1	Chronic Alcohol abuse
	02.3 Unknown aetiology	19.2	Chronic intravenous drug-use
	02.3.1 Unknown with sepsis	19.3	Acute intoxication (indicate agent)
<b>03</b>	Chronic viral hepatitis (progression of / complication to)	<b>If the cause of death can't be specifically classified, general classification can be used:</b>	
	03.1 HCV	<b>20</b>	Haematological disease (other causes)
	03.1.1 HCV with cirrhosis	<b>21</b>	Endocrine disease (other causes)
	03.1.2 HCV with liver failure	<b>22</b>	Psychiatric disease (other causes)
	03.2 HBV	<b>23</b>	CNS disease (other causes)
	03.2.1 HBV with cirrhosis	<b>24</b>	Heart or vascular (other causes)
	03.2.2 HBV with liver failure	<b>25</b>	Respiratory disease (other causes)
<b>04</b>	Malignancy (other than 01.2 and 03, 03.1, 03.2)	<b>26</b>	Digestive system disease (other causes)
<b>05</b>	Diabetes Mellitus (complication to)	<b>27</b>	Skin and motor system disease (other causes)
<b>06</b>	Pancreatitis	<b>28</b>	Urogenital disease (other causes)
<b>07</b>	Lactic acidosis	<b>29</b>	Obstetric complications
<b>08</b>	MI or other ischemic heart disease	<b>30</b>	Congenital disorders
<b>09</b>	Stroke	<b>If the cause of death is unclassifiable, use:</b>	
<b>10</b>	Gastro-intestinal haemorrhage (if chosen, specify underlying cause)	<b>90</b>	Other causes (provide details in Section 1)
<b>11</b>	Primary pulmonary hypertension	<b>91</b>	Unclassifiable causes
<b>12</b>	Lung embolus	<b>92</b>	Unknown

- **Immediate cause of death:** The disease(s) or injury directly leading to death.
- **Contributing cause of death:** The disease(s) or injury, which contributed to a fatal outcome.
- **Underlying cause of death:** The disease or injury, which initiated the train of morbid events leading directly or indirectly to death, or the circumstance of the accident or violence, which produced the fatal injury.

### **Section 2 Instructions:**

\*Please evaluate the relatedness of the death with immunodeficiency by using the below algorithm. The CD4 counts that should be taken into consideration are the CD4 count prior to last stopping ART, and the most recent prior to death. The former (CD4 count at last stopping ART) should be weighed the highest.

CD4 counts prior to death	CD4 < 50 cells/ $\mu$ L	CD4 50-199 cells/ $\mu$ L	CD4 $\geq$ 200 cells/ $\mu$ L
<b>Sudden</b>	<b>Possibly</b> immunodeficiency-related	<b>Assumed not</b> immunodeficiency-related	<b>Assumed not</b> immunodeficiency-related
<b>Not sudden</b>	<b>Likely</b> immunodeficiency-related	<b>Possibly</b> immunodeficiency-related	<b>Assumed not</b> immunodeficiency-related

**'Yes, definitely':** underlying or contributing cause of death a CDC C disease or Hodgkin's lymphoma

**'Yes, likely', 'Yes, possibly' or 'Assumed not':** see table above

**'No, definitely not':** the underlying, contributing and immediate causes of death is of such a nature that it is inconceivable that the person died of causes related to immunodeficiency.