Notice of Death

Page: **Notice of Death - Death**

Instructions: Answer all questions and explain any blank fields or blank dates in the **Comments** section.

Date of death	
Cause of death	
Cancer-related causes	
Toxicity from disease-related treatment	
Non-cancer and non-treatment related causes	
Autopsy performed?	○ Yes ○ No ○ Unknown

Source(s) of death information (select all that apply)

Autopsy report	☐
Medical record/death certificate	☐
Physician	☐
Relative or friend	☐
Other	☐
If Other, specify	

Answering "unknown" to all fields of this form is not a valid response. If this is truly unknown, then in the Comments section of the form, detail what steps were taken to find out the information.

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet. ☐

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[Save] [Cancel]