

ARISTOTLE

Trial Number:

A

R

I

Patient Initials:

DEATH FORM

NB All dates should be in DD-MM-YYYY format

DE-1/1

1. DEATH DETAILS

A) Date of death: / /

B) Cause of death (tick all that apply):

☐ Rectal cancer

☐ Chemotherapy related

☐ Surgery related

☐ Second malignancy, please specify site _____

☐ Radiotherapy related

☐ Other, please specify _____

2. POST MORTEM

A) Post mortem performed? ☐ Yes ☐ No

If a post mortem was performed, please send a copy of the report to the Trials Centre.

3. SITE(S) OF CANCER PRESENT AT TIME OF DEATH

LOCOREGIONAL (below sacral promontory)

A) Local? ☐ Yes ☐ Suspected ☐ No

B) Node? ☐ Yes ☐ Suspected ☐ No Site(s): _____

C) Peritoneum? ☐ Yes ☐ Suspected ☐ No

D) Other locoregional (specify): ☐ Yes ☐ Suspected ☐ No Site(s): _____

DISTANT (above sacral promontory)

E) Node? ☐ Yes ☐ Suspected ☐ No Site(s): _____

F) Peritoneum? ☐ Yes ☐ Suspected ☐ No

G) Liver? ☐ Yes ☐ Suspected ☐ No

H) Lung? ☐ Yes ☐ Suspected ☐ No

I) Brain? ☐ Yes ☐ Suspected ☐ No

J) Other distant (specify): ☐ Yes ☐ Suspected ☐ No Site(s): _____

Completed by (print name):

Signature:

Date Completed:

Site:

For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____