ARISTOTLE

Trial Number: A R I — ☐☐☐ **Patient Initials:** ☐☐☐

DEATH FORM

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

1. DEATH DETAILS

A) Date of death: ☐☐ / ☐☐ / ☐☐☐☐

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

- ☐ Rectal cancer
- ☐ Surgery related
- ☐ Radiotherapy related
- ☐ Chemotherapy related
- ☐ Second malignancy, please specify site _____
- ☐ 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: _____