Cardamon

Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

Death Form

Patient Initials

Trial Number



(This form has 3 pages including cover sheet)

Please send forms to:

Cardamon Trial Coordinator CR UK & UCL Cancer Trials Centre 90 Tottenham Court Road London W1T 4TJ

General enquires: **020 7679 9860** Randomisations: **020 7679 9860** between 9.00am and 5.00pm Fax: **020 7679 9861** E-mail: <u>ctc.cardamon@ucl.ac.uk</u>



Cancer Research UK and UCL Cancer Trials Centre





Cancer Research UK and UCL Cancer Trials Centre

Additional instructions for completing forms

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AUG

The Death Form is used to record the patient's cause of death

Completing forms

- Ensure all entries are clear, legible and written in black ink
- Avoid the use of abbreviations and acronyms
 - Do not leave any fields blank. In case of missing data
 - ND (not done) if a test has not been performed or a measure not taken. If applicable state the reason
 - NA (not applicable) if a measure if not required
 - NK (not known) if data is unknown. This should only be used once every effort to obtain the data has been exhausted.
- CRFs may only be completed by an appropriately qualified individual delegated as responsible by the PI on the site delegation log
- CRF Footer section
 - The "completed by" Name should be legible
 - Each CRF should be signed and dated by the person completing the form
 - Do not complete the UCL CTC Use only section
- The CRF should be sent/faxed to the Cancer Trials Centre (CTC) with a copy retained at the Site (ensure when photocopying the page that the copy is added to the CRF booklet in the same place where the original was stored)

If you have any questions about how to complete this form please contact the Cardamon Trial Coordinator on: 020 7679 9860



Cardamon

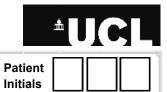
Α

С

R

Trial

Number



Death Form							Po	age 3	} of
To be completed upon patient's dec	ith								
Date of Death D D M M Y	Y Y Y								
P rimary cause of Death* choose <u>one</u> option only from below)									
1= Disease Progres	sion								
2= Treatment rela	ted toxicity, please specify:								
3= Infection									
4= Cardiac event									
5= Renal failure									
6= Other malignancy, please complete below:			<u>1</u>				7		
Dat	e confirmed	D D M	M	r r	ľ	Ĭ			
Тур	e of cancer:								
7= Other, please specify:									
*Please ensure that in the case of trea an SAE form is completed	tment-related disease progress and faxed/emailed to UCL CTC							olicatio	ons,
ame of person completing form:	Signature of person completi	ng torm:	Date	completed	I: M	Y	Y	Y	Y
he site PI or delegated investigator must sign t	L o confirm that information within	the CRF is accurate							T
vestigator name:	Investigator signature:		Date	completed					
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 Please return to: Cardamon Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

 CRF Template V1– 19 Oct 2010 Modified for Cardamon on 04 July 2019, v3.1

 UCL CTC Use only:
 Form received: ______ Date form entered: ______ Initials: _____