



**The 3D Study:**  
Improving whole person care

<3D site Name> <Address>
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Today's date: .....

**Deceased Reporting Form**

The research team have been informed that a participant taking part in the 3D study has recently died. As part of our data monitoring and ethics requirements, we need to report on whether the cause of death could have been in any way related to the 3D study intervention or the research process.

Please could a GP complete this form as fully as possible and return it within 7 days by post to the address above or by email to your local 3D researcher, <Name>, email <insert email address>

**Patient Details** *(completed by researcher)*

3D Study ID number:	EMIS number:
Gender: Male / Female	Date of Birth:
Patient Initials:	Allocation: 3D Intervention / Usual Care

**Event Details**

Date of death: \_\_\_\_\_

Please provide the cause of death: \_\_\_\_\_

Was the death: Expected  Unexpected

Date of most recent 3D review/long term condition review (delete as applicable): \_\_\_\_\_

Were any changes made to the patient's drug treatment regime at the most recent 3D review or long term condition review (i.e. drugs that were started or stopped or had a dosage change)? Yes  No

If yes, please describe drug changes below:

Were any other important changes made to the patient's treatment at the most recent 3D review or long term condition review? Yes  No  If yes, please describe below:

In your professional opinion, please state whether you think there was any relationship between the study intervention or their participation in the research and their death:

Unrelated	Unlikely to be related	Possibly related	Probably related	Definitely related	Unable to assess
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered that the death was possibly, probably or definitely related to the 3D intervention or the research process, please explain why it might have been related below:

**Form completed by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank-you, from the 3D study team.

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*Office use only*

Form checked by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notify to ethics? Yes  No

Notified by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_