SOLVD FIRST NOTIFICATION OF DEATH FORM

VERSION A / 3-10-86

RAND ID:		FDRM: S F N VISIT:
INSTRUCTIONS:	OF A RANDOMIZED PARTICIPANT EVEN IF CALL THE SOLVD COORDINATING CENTER	ATELY FOLLOWING ASCERTAINMENT OF THE DEATH SUPPORTING DOCUMENTS ARE NOT YET AVAILABLE. IMMEDIATELY AFTER NOTIFICATION OF A DEATH. last SOLVD visit attended by the participant. in the appropriate boxes. See the SOLVD as for details.
SOLVD FIRST NOTIFICATION OF DEATH FORM (screen 1 of 1) (SFN page 1 of 1)		
A. IDENTIFYING INF	///	3. Date of Death: / / / / / / / / / / / / / / / / / / /
2.1. Last Name:		B. INITIALS OF PERSON COMPLETING THIS FORM 4. Initials
2.2. First Name: 2.3. Middle Name:		<u> </u>
c.s. niggie mame:		