



EVENT REVIEW FORM - ENDPOINTS

ID NUMBER:										
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FORM CODE: ERF
VERSION 2.0 03/18/2021

Event _____

Occurrence # _____

0a) Completion Date / /

0b) Reviewer Code

Instructions: This form is used for SPIROMICS assigned event reviewers to classify the event using the information provided on the Event Summary Report.

1) What type of review is this? (please select one)

- Original₁
- Adjudication₂
- Special Review₃

¹²2) What was the primary cause of death? (enter one cause here, then proceed to the next question as indicated)

- Respiratory₁ → **Go to 2a**
- Cardiovascular₂ → **Go to 2b**
- Cancer₃ → **Go to 2c**
- Other, known₄ → **Go to 2d**
- Unknown₅ → **Go to 2e**

¹³2a) Choose the respiratory cause of death (please select one):

- COPD Exacerbation with pneumonia ₁
- COPD Exacerbation without pneumonia ₂
- COPD without exacerbation ₃
- Other respiratory cause of death ₄

^{13a}2a1) If other, specify other respiratory cause of death: _____

¹⁴2b) Choose the cardiovascular cause of death (please select one):

- Myocardial infarction ₁
- Heart failure ₂
- Stroke/aneurysm ₃
- DVT/PE ₄
- Other heart problem ₅

^{14a}2b1) If other, specify the other heart problem: _____

^{14b}2b2) Type of cardiovascular death (please select one):

ID NUMBER:										
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Event _____

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- Sudden Death (defined as death that occurs within 24 hours of being observed alive and without evidence of a deteriorating medical condition) ¹
- Sudden Cardiac Death (defined as death that occurs within 1 hour of being observed alive and without evidence of a deteriorating medical condition) ²
- Neither of the above ³

¹⁵2c) Cancer cause of death (please select one):

- Lung ¹
- Other cancer ²

^{15a}2c1) If other, specify type of cancer causing death: _____

NOTE: If cancer is the cause of death complete Cancer Abstraction Form (CAF) once this form is completed.

¹⁶2d) Specify the other, known cause of death: _____

¹⁷2e) Reason for Unknown cause of death (please select one):

- Information is inadequate ¹
- Indeterminate (information available but cause unclear) ²

¹⁸3) Do you believe that a diagnosis of COPD contributed to the death of this individual?

- ² No ⁰
- Yes ¹

¹⁹4) Should this case be reviewed by the SPIROMICS Endpoints Review Committee?

- ² No ⁰
- Yes ¹

NOTE: Question 5 must be answered for the form to be considered complete.

^{19a}5) Comments: _____

END OF FORM