



## Death of a baby in the INFANT study

Date: { \_DATE\_ }

Site name: { \_SITE\_NAME\_ }

Dear LCM,

You have received this form as the death of a baby at your centre has been registered in the study office. Please could you check and amend this form as appropriate, and then return it to the study office.

Mother's study number: { \_STUDY\_NUMBER\_ }

Baby's details: { \_BABY\_DETAILS\_ }

Name: { \_NAME\_ }

NHS Number: { \_NHS\_NUMBER\_ }

Date of death: { \_DEATH\_DATE\_ }

Our records show the following: *(please tick each line if correct, if not please amend)*

Cause of death identified? { \_DEATH\_IDENTIFIED\_ }

Cause of death given: { \_DEATH\_CAUSE\_ }

Postmortem performed? { \_POSTMORTEM\_ }

Did the baby have the presence of a congenital anomaly? Yes  No

If Yes, what was the congenital anomaly? \_\_\_\_\_

Did the congenital anomaly contribute to the baby's death? Yes  No

Any other comments regarding this death: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by : *(please PRINT name)* \_\_\_\_\_

Date completed: { \_DD\_ } / { \_MM\_ } / { \_YY\_ }

