



# Event Tracking Form - Endpoints

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FORM CODE: **ETF**  
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Event \_\_\_\_\_

0a) Collection Date   /   /

0b. Staff Code

**Instructions:** The purpose of this form is to track the stages for obtaining medical records used in the records acquisition process.

This section is used to identify the process of obtaining completed documents for death classification.

1) Release of Information Requested:

- No<sub>0</sub> → **Go to 2**
- Yes<sub>1</sub>

1a) Results of release of information request:

- Refused<sub>0</sub>
- Received<sub>1</sub>
- Unable to Obtain<sub>9</sub>

2) Death Certificate requested:

- No<sub>0</sub> → **Go to 3**
- Yes<sub>1</sub>

2a) Results of Death Certificate request:

- Received<sub>1</sub>
- Unable to obtain<sub>9</sub>

3) Autopsy or Medical Examiner's Report requested:

- No<sub>0</sub> → **Go to 4**
- Yes<sub>1</sub>

3a) Results of Autopsy or Medical Examiner report request:

- Received<sub>1</sub>
- Unable to Obtain<sub>9</sub>

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4) Medical records (Admission History and Physical, Emergency Department Report, Discharge Summary) requested:

No<sub>0</sub> → **Go to 10a**

Yes<sub>1</sub>

4a) Results of medical records (Admission History and Physical, Emergency Department Report, Discharge Summary) request:

Incomplete records received<sub>0</sub>

Received<sub>1</sub> → **Go to 6a**

Unable to obtain<sub>9</sub> → **Go to 10a**

5) Number of attempts after initial request to get complete records:

Record dates for three attempts

5a) Date of first attempt:   /   /

5a1) Results of first attempt to get complete records:

Incomplete records received<sub>0</sub>

Received<sub>1</sub> → **Go to 6a**

Unable to obtain<sub>9</sub>

5b) Date of second attempt:   /   /

5b1) Results of second attempt to get complete records:

Incomplete records received<sub>0</sub>

Received<sub>1</sub> → **Go to 6a**

Unable to obtain<sub>9</sub>

5c) Date of third attempt:   /   /

5c1) Results of third attempt to get complete records:

Incomplete records received<sub>0</sub>

Received<sub>1</sub> → **Go to 6a**

Unable to obtain<sub>9</sub>

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6) Please indicate from the list below whether any of the following ICD9 codes are listed on the Discharge Summary, Admission and Physical History, and/or Visit Summary:

6a) Were any of the following ICD9 Codes used from the list below?

No<sub>0</sub> → **Go to 7a**

Yes<sub>1</sub>

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6b) Which ICD9 codes are on the Discharge Summary, Admission and Physical History and /or Visit Summary? (Select all that apply)

Diagnoses	ICD9	Diagnoses	ICD9
25b86b1. <input type="checkbox"/> Lung cancer	162.X	25b136b21. <input type="checkbox"/> Bronchopneumonia, organism unspecified	485.X
25b106b2. <input type="checkbox"/> Lung cancer	163.X	25b156b22. <input type="checkbox"/> Pneumonia, organism unspecified	486.X
25b126b3. <input type="checkbox"/> Diabetes	249.X	25b176b23. <input type="checkbox"/> Influenza	487.X
25b146b4. <input type="checkbox"/> Diabetes	250.X	25b196b24. <input type="checkbox"/> Influenza due to certain identified influenza viruses	488.X
25b286b5. <input type="checkbox"/> Acute Myocardial Infarction	410.X	25b216b25. <input type="checkbox"/> Bronchitis	490.X
25b306b6. <input type="checkbox"/> Other acute and sub-acute forms of ischemic heart disease Myocardial Infarction	411.X	25b236b26. <input type="checkbox"/> Chronic bronchitis	491.X
25b326b7. <input type="checkbox"/> Other forms of chronic ischemic heart disease Myocardial Infarction	414.X	25b256b27. <input type="checkbox"/> Emphysema	492.X
25b206b8. <input type="checkbox"/> Pulmonary embolus	415.1	25b276b28. <input type="checkbox"/> Asthma	493.X
25b186b9. <input type="checkbox"/> Acute pulmonary heart disease	415.X	25b296b29. <input type="checkbox"/> Bronchiectasis	494.X
25b66b10. <input type="checkbox"/> Heart Failure	428.X	25b316b30. <input type="checkbox"/> COPD	496.X
25b346b11. <input type="checkbox"/> Occlusion and stenosis of pre-cerebral arteries	433.X	25b336b31. <input type="checkbox"/> Pneumonitis due to solids and liquids	507.X
25b366b12. <input type="checkbox"/> Occlusion of cerebral arteries Stroke or transient ischemic attack	434.X	25b356b32. <input type="checkbox"/> Empyema	510.X
25b386b13. <input type="checkbox"/> Transient cerebral ischemia	435.X	25b376b33. <input type="checkbox"/> Pleurisy	511.X
25b166b14. <input type="checkbox"/> Other venous embolism and thrombosis Venous thrombosis (DVT)	453.X	25b396b34. <input type="checkbox"/> Pneumothorax and air leak	512.X
25b16b15. <input type="checkbox"/> Acute upper respiratory infection	465.X	25b406b35. <input type="checkbox"/> Abscess of lung and mediastinum	513.X
25b36b16. <input type="checkbox"/> Acute bronchitis	466.X	25b26b36. <input type="checkbox"/> Pulmonary congestion and hypostasis (includes pulmonary edema NOS chronic)	514.X
25b56b17. <input type="checkbox"/> Viral Pneumonia	480.X	25b46b37. <input type="checkbox"/> Other diseases of lung	518.X
25b76b18. <input type="checkbox"/> Pneumococcal pneumonia	481.X	25b226b38. <input type="checkbox"/> Osteoporosis	733.X
25b96b19. <input type="checkbox"/> Other bacterial pneumonia	482.X	25b246b39. <input type="checkbox"/> Hip Fracture	820.X
25b116b20. <input type="checkbox"/> Pneumonia due to other specified organism	483.X	25b266b40. <input type="checkbox"/> Hip Fracture	821.X

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7) Please indicate from the list below whether any of the following ICD10 codes are listed on the Discharge Summary, Admission and Physical History, and/or Visit Summary.

7a) Were any of the following ICD10 Codes used from the list below?

No<sub>0</sub> → **Go to 8**

Yes<sub>1</sub>

7b) Which ICD10 codes are on the Discharge Summary, Admission and Physical History and /or Visit Summary (Select all that apply)

Diagnoses	ICD10	Diagnoses	ICD10
<sup>26b18</sup> 7b1. <input type="checkbox"/> Malignant neoplasm of trachea	C33.X	<sup>26b20</sup> 7b2. <input type="checkbox"/> Malignant neoplasm of bronchus and lung	C34.X
<sup>26b22</sup> 7b3. <input type="checkbox"/> Malignant neoplasm of pleura	C38.4	<sup>26b24</sup> 7b4. <input type="checkbox"/> Diabetes mellitus, Type 1	E10.X
<sup>26b26</sup> 7b5. <input type="checkbox"/> Diabetes mellitus, Type 2	E11.X	<sup>26b58</sup> 7b6. <input type="checkbox"/> Transient cerebral ischemic attacks and related syndromes	G45.X
<sup>26b44</sup> 7b7. <input type="checkbox"/> Angina pectoris	I20.X	<sup>26b46</sup> 7b8. <input type="checkbox"/> ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	I21.X
<sup>26b48</sup> 7b9. <input type="checkbox"/> Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	I22.X	<sup>26b50</sup> 7b10. <input type="checkbox"/> Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)	I23.X
<sup>26b52</sup> 7b11. <input type="checkbox"/> Other acute ischemic heart diseases	I24.X	<sup>26b59</sup> 7b12. <input type="checkbox"/> Chronic ischemic heart disease	I25.X
<sup>26b34</sup> 7b13. <input type="checkbox"/> Pulmonary embolism	I26.X	<sup>26b16</sup> 7b14. <input type="checkbox"/> Heart Failure	I50.X
<sup>26b54</sup> 7b15. <input type="checkbox"/> Cerebral infarction	I63	<sup>26b56</sup> 7b16. <input type="checkbox"/> Stroke, not specified as hemorrhage or infarction	I64
<sup>26b28</sup> 7b17. <input type="checkbox"/> Phlebitis and thrombophlebitis	I80.X	<sup>26b30</sup> 7b18. <input type="checkbox"/> Portal vein thrombosis	I81.X
<sup>26b32</sup> 7b19. <input type="checkbox"/> Other venous embolism and thrombosis	I82.X	<sup>26b1</sup> 7b20. <input type="checkbox"/> Acute upper respiratory infections of multiple and unspecified sites	J06.X
<sup>26b3</sup> 7b21. <input type="checkbox"/> Influenza due to identified novel influenza A virus	J09.X	<sup>26b5</sup> 7b22. <input type="checkbox"/> Influenza due to other identified influenza virus	J10.X
<sup>26b7</sup> 7b23. <input type="checkbox"/> Influenza, due to unidentified influenza virus	J11.X	<sup>26b9</sup> 7b24. <input type="checkbox"/> Viral pneumonia, not elsewhere classified	J12.X

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26b11 7b25. <input type="checkbox"/> Pneumonia due to Streptococcus pneumonia	J13.X	26b13 7b26. <input type="checkbox"/> Pneumonia due to Haemophilus influenzae	J14.X
26b15 7b27. <input type="checkbox"/> Bacterial pneumonia, not elsewhere classified	J15.X	26b17 7b28. <input type="checkbox"/> Pneumonia due to other infectious organisms, not elsewhere classified	J16.X
26b19 7b29. <input type="checkbox"/> Pneumonia in diseases classified elsewhere	J17.X	26b21 7b30. <input type="checkbox"/> Pneumonia, unspecified organism	J18.X
26b23 7b31. <input type="checkbox"/> Acute bronchitis	J20.X	26b25 7b32. <input type="checkbox"/> Acute bronchiolitis	J21.X
26b27 7b33. <input type="checkbox"/> Unspecified acute lower respiratory infection	J22.X	26b29 7b34. <input type="checkbox"/> Bronchitis, not specified as acute or chronic	J40.X
26b31 7b35. <input type="checkbox"/> Simple and mucopurulent chronic bronchitis	J41.X	26b33 7b36. <input type="checkbox"/> Unspecified chronic bronchitis	J42.X
26b35 7b37. <input type="checkbox"/> Emphysema	J43.X	26b37 7b38. <input type="checkbox"/> Other chronic obstructive pulmonary disease	J44.X
26b39 7b39. <input type="checkbox"/> Asthma	J45.X	26b41 7b40. <input type="checkbox"/> Status asthmaticus (acute severe asthma)	J46.X
26b43 7b41. <input type="checkbox"/> Bronchiectasis	J47.X	26b45 7b42. <input type="checkbox"/> Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	J68.X
26b47 7b43. <input type="checkbox"/> Pneumonitis due to solids and liquids	J69.X	26b49 7b44. <input type="checkbox"/> Respiratory conditions due to other external agents	J70.X
26b55 7b45. <input type="checkbox"/> Abscess of lung and mediastinum	J85.X	26b57 7b46. <input type="checkbox"/> Pyothorax	J86.X
26b2 7b47. <input type="checkbox"/> Pleural effusion, not elsewhere classified	J90.X	26b4 7b48. <input type="checkbox"/> Pleural effusion in conditions classified elsewhere	J91.X
26b6 7b49. <input type="checkbox"/> Pneumothorax and air leak	J93.X	26b8 7b50. <input type="checkbox"/> Other pleural conditions	J94.X
26b10 7b51. <input type="checkbox"/> Intraoperative and post-procedural complications and disorders of respiratory system, not elsewhere classified	J95.X	26b12 7b52. <input type="checkbox"/> Respiratory failure, not elsewhere classified	J96.X
26b14 7b53. <input type="checkbox"/> Other respiratory disorders	J98.X	26b36 7b54. <input type="checkbox"/> Osteoporosis with current pathological fracture	M80.X
26b38 7b55. <input type="checkbox"/> Osteoporosis without current pathological fracture	M81.X	26b40 7b56. <input type="checkbox"/> Osteoporosis in diseases classified elsewhere	M82.X
26b42 7b57. <input type="checkbox"/> Fracture of femur	S72.X	7b58. <input type="checkbox"/> COVID-19, virus identified	U07.1
7b59. <input type="checkbox"/> COVID-19, virus not identified	U07.2		

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8) Were any Coronavirus (COVID-19) ICD10 codes specified not already cited?

No<sub>0</sub> → **Go to 10a**

Yes<sub>1</sub>

9) List Coronavirus (COVID-19) Diagnoses and ICD10 codes not already cited:

9a) \_\_\_\_\_

9a1)    .

9b) \_\_\_\_\_

9b1)    .

9c) \_\_\_\_\_

9c1)    .

9d) \_\_\_\_\_

9d1)    .

10) For each of the items below, please indicate if the record is included in the review packet:

**Medical Record**

**Status**

10a) Admission History and Physical  Included<sub>1</sub>  Available, not included<sub>2</sub>  Unavailable<sub>3</sub>  Not collected<sub>4</sub>

10b) Discharge Summary  Included<sub>1</sub>  Available, not included<sub>2</sub>  Unavailable<sub>3</sub>  Not collected<sub>4</sub>

10c) Emergency Department Report  Included<sub>1</sub>  Available, not included<sub>2</sub>  Unavailable<sub>3</sub>  Not collected<sub>4</sub>

10d) Autopsy or Medical Examiner Report  Included<sub>1</sub>  Available, not included<sub>2</sub>  Unavailable<sub>3</sub>  Not collected<sub>4</sub>

10e) Death Certificate  Included<sub>1</sub>  Available, not included<sub>2</sub>  Unavailable<sub>3</sub>  Not collected<sub>4</sub>

**Instructions:** Once all documents are received, redact personal identifiers, combine all documents into one PDF file and upload PDF file to the ETF in CDART.

11) Has a PDF of all Death documents uploaded to CDART?

No<sub>0</sub>

Yes<sub>1</sub>

**END OF FORM**