**1. Date of Death**: \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Day Month Year

**2. Cause of Death**: □ Cardiac □ Non-Cardiac □ Unknown

Generate discrepancy based on cardiac non-cardiac cause and specific cause of death

**Where did the patient die:**

□ Index Hospitalization □ Re-hospitalized to Index Hospital □ Home □ Another hospital

□ Extended care □ Rehabilitation unit □ Nursing Home (permanent) □ Other

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Specify Main Cause of Death** (Check only one)

* MYOCARDIAL INFARCTION
* ANNULAR DISSECTION
* AORTIC DISSECTION
* ARRHYTHMIA
* BLEEDING EVENT, MAJOR
* CANCER
* CARDIAC ARREST
* CARDIAC TAMPONADE
* ENDOCARDITIS
* GASTRO-INTESTINAL COMPL.
* HEART FAILURE
* INFECTION/INFLAMMATION
* MULTIPLE ORGAN FAILURE
* NON-STRUCT VALVE DYSF.
* PNEUMONIA
* PULMONARY EMBOLISM
* RENAL FAILURE
* RESPIRATORY FAILURE
* SEPSIS
* HEMORRHAGIC STROKE
* NON-HEMORRHAGIC STROKE
* STROKE – CAUSE UNKNOWN
* SUDDEN DEATH
* SUICIDE
* THROMBOEMBOLIC EVENT
* THROMBUS
* UNKOWN
* VASCULAR COMPLICATION (not access-related)
* VASCULAR ACCESS-RELATED COMPLICATION
* VALVE MIGRATION
* OTHER (please specify)

**PLEASE COMPLETE AN SAE FORM**

**4. Narrative: (Describe events from implant procedure to expiration)**

**(THIS SECTION MUST BE COMPLETED)**

|  |  |  |  |
| --- | --- | --- | --- |
| My signature indicates that to the best of my knowledge all information entered on Form 7 is correct. | | | Date |
|  |  |  | |
|  |  | **\_\_ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | |
| *Investigator’s Signature* |  | mmm dd yyyy | |