National Centre in HIV Epidemiology and Clinical Research

Notification of death in a person with HIV infection

Office use only

State number ☐☐☐☐☐☐☐☐☐☐☐☐ National number ☐☐☐☐

Confidential form revised : 1 January 2000

1 Patient identification

Family name (First two letters only) ☐☐

Given name (First two letters only) ☐☐

Date of birth / /
(DD/MM/YYYY)

Sex ◯ Male ◯ Female ◯ Transgender

Hospital/Clinic Code (Optional)

Postcode of current residence ☐☐☐☐

2 Source of information on death

(more than one may be ticked)

◯ Treating Doctor

Name

Address

Hospital/Clinic name (If appropriate)

◯ State/Territory Register of Death

◯ Other (Specify)

3 Information on death

Date of death / /
(DD/MM/YYYY)

Had the person been diagnosed with AIDS?

◯ Yes ◯ No ◯ Not known

Was the cause of death an illness related to AIDS?

◯ Yes ◯ No

*If the cause of death was **not due to AIDS**, indicate the other cause of death*

◯ Not reported
◯ Accidental
◯ Cancer
◯ Drug overdose
◯ Heart or vascular disease
◯ Liver disease
◯ Suicide
◯ Other cause
(Specify)

State/Territory health authority use only

☐☐☐ State/Territory ☐☐ Initials of State/Territory Officer

Date notification received at State/Territory Health Authority / /
(DD/MM/YYYY)

Date forwarded to NCHECR / /
(DD/MM/YYYY)