

Study Number

Event Number

Date of Autopsy (DD/MMM/YYYY)

Short History (50 words or less):

Principle Findings:

A) Cardiac Related List (20 words or less each line):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

B) Timing of Death

- | | |
|---|--|
| <input type="checkbox"/> Pre AV Canal Repair | <input type="checkbox"/> Post Stage II in-hospital |
| <input type="checkbox"/> Post AV Canal Repair-in hospital | <input type="checkbox"/> At Stage II |
| <input type="checkbox"/> Post AV Canal Repair-out of hospital | <input type="checkbox"/> Inter-Stage II-III |
| <input type="checkbox"/> Pre-Stage I | <input type="checkbox"/> Post-Stage III (Fontan) in hospital |
| <input type="checkbox"/> Post-Stage I in-hospital | <input type="checkbox"/> Post Fontan |
| <input type="checkbox"/> Inter-Stage I-II | <input type="checkbox"/> At Transplant in-hospital |
| <input type="checkbox"/> At Stage II | <input type="checkbox"/> Post Transplant |

C) Nature of Death

- Low Output State
- Multi-system Failure
- Sudden Unexpected
- Progressive Heart Failure

- Non-Cardiac
- Trauma
- Unknown
- Other (explain) _____

D) Autopsy Measurements (cm)

Right AV Valve _____

Right Ventricle Length _____

Right Ventricle Diameter _____

Pulmonary Valve _____

Left AV Valve _____

Cleft Intact Yes No

Total Length of Cleft _____

Length of Cleft Open _____

Left Ventricle Length _____

Left Ventricle Diameter _____

Aortic Valve _____

Subaortic Stenosis Yes No

Circumference of Subaortic Stenosis _____

Ascending Aorta _____

Coarctation _____

Proximal Descending Aorta _____

Other (Specify) _____

E) Other Cardiac Information

Coronary Artery Obstruction Yes No Not Recorded

Myocardial Infarction Yes No Not Recorded

Arch Obstruction Yes No Not Recorded

Other (specify) _____

F) Non-Cardiac Pathology (20 words or less each line):

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____