DEATH SUMMARY

CAUSE OF DEATH

Provide the Cause of Death as indicated on the death certificate.  □ (✓) Not Available

Was infection present at time of death?
□ (✓) No □ (✓) Yes * □ (✓) Unknown
* Specify

Was there bone marrow evidence of a malignant transformation at the time of death?
□ (✓) No □ (✓) Yes * □ (✓) Unknown
* Specify (✓)
□ MDS, specify subtype
□ Acute myeloid leukemia, specify subtype
□ Other, specify:

Was the event that lead to death related to growth factor (cytokine)? If yes, specify brand name ___________ and check appropriate box below:
□ Not Related □ Unlikely Related □ Possibly Related □ Probably Related □ Definitely Related

AUTOPSY

Was an autopsy performed?
□ (✓) Unknown
□ (✓) No
□ (✓) Yes, summarize report below or attach report

I have reviewed all data collected on this case report form and attest to its accuracy.

Signature of the Referring Physician