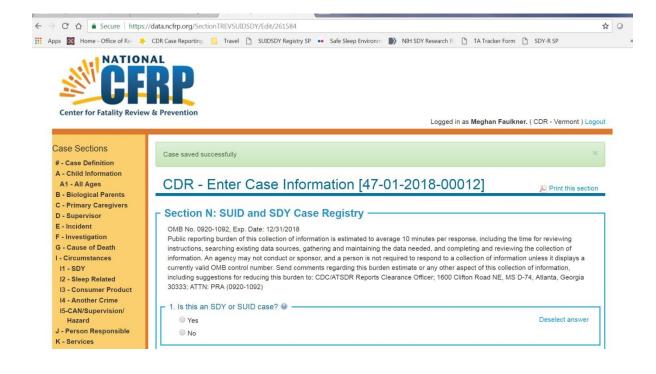
Attachment 7c: NCFRP Case Reporting System -SDY Module Section N



Attachment 7b NCFRP Case Reporting System - SDY Module

maintaining the data needed, and complete	e: 12/31/2018 f information is estimated to average 1 ing and reviewing the collection of info ontrol number. Send comments regard	ormation. An agency ma ling this burden estimat		hing existing data sources, gathering and ad to respond to a collection of information	
2. Did this case go to Advanced Review for the SDY Case Registry? O N/A O Yes O No If yes, date of first Advanced Review meeting:		 Notes from Advanced Review meeting, including case details that helped determine SDY categorization and any ways to improve the review: 			
4. Professionals at the Advanced Review meeting, check all that apply:					
Cardiologist	Death investigator		Geneticist or genetic counselor	Pediatrician	
CDR representative	Epileptologist		Mental health professional	Public health representative	
Coroner	Forensic pathologist/me	dical examiner	Neonatologist	Others, specify:	
5. Did the Advanced Review team believe the autopsy was comprehensive? OYes ONo OU/K		6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? ON/A O Yes O No O U/K			

Page 23 of 24

7. Was a specimen sent to the SDY Case Registry biorepository?	8. Did the family consent to have DNA saved as part of the SDY Case Registry?						
ON/A OYes ONo OU/K	ON/A OYes ONo OU/K						
	If no, why not? Ocnsent was not attempted						
	O Consent was attempted but follow up was unsuccessful						
	O Consent was attempted but family declined						
	O Other, specify:						
9. Categorization for SDY Case Registry (choose only one):							
O Excluded from SDY Case Registry O Explaine	d neurological	 Explained other, specify 	r: O Unexplained, SUDEP				
O Incomplete case information O Explained	d infant suffocation	uffocation O Unexplained, possible cardiac O Unexplained infant death/SUID (under age					
O Explained cardiac (under	Ige 1) O Unexplained, possible cardiac O Unexplained child death (age 1 and over		ardiac O Unexplained child death (age 1 and over)				
		and SUDEP					
10. Categorization for SUID Case Registry (choose only one):			11. Check the box below when a SUID case is complete				
O Excluded (other explained causes, not suffocation)	If possible suffocation or explained suffocation,		and ready for inclusion in the SUID data analyses.				
O Unexplained: No autopsy or death scene investigation	select the primary mechanism(s) leading to the		This box should be checked if a completed				
O Unexplained: Incomplete case information	death, check all that apply:		case is awaiting SDY Advanced Review or				
O Unexplained: No unsafe sleep factors	□ Soft bedding		not going to SDY Advanced Review.				
O Unexplained: Unsafe sleep factors	Wedging						
O Unexplained: Possible suffocation with unsafe sleep factors	□ _{Overlay}		SUID Case Registry Data Entry Complete				
O Explained: Suffocation with unsafe sleep factors	Other, spe	ecify:					