

## CASE NUMBER

/ / /	Case Type: <input type="checkbox"/> Death	Death Certificate Number:
State / Team / ReviewYear of / Sequence ofReview	<input type="checkbox"/> Near death/serious injury	Birth Certificate Number:
	<input type="checkbox"/> Not born alive (Fetal/stillborn)	ME/Coroner Number:
		Date Team Notified of Death:
	<input type="checkbox"/> Child never left hospital following birth	

## N. SUID AND SDY CASE REGISTRY

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 9/30/2025

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

1. Is this an SDY or SUID case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, go to Section O
2. Did this case go to Advanced Review for the SDY Case Registry? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of first Advanced Review meeting:	3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:
4. Professionals at the Advanced Review meeting, check all that apply: <input type="checkbox"/> Cardiologist <input type="checkbox"/> Death investigator <input type="checkbox"/> Geneticist or genetic counselor <input type="checkbox"/> Pediatrician <input type="checkbox"/> CDR representative <input type="checkbox"/> Epileptologist <input type="checkbox"/> Mental health professional <input type="checkbox"/> Public health representative <input type="checkbox"/> Coroner <input type="checkbox"/> Forensic pathologist/medical examiner <input type="checkbox"/> Neonatologist <input type="checkbox"/> Others, specify:	
5. Did the Advanced Review team believe the autopsy was comprehensive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K	6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
7. Was a specimen saved for the SDY Case Registry? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K	9. Did the family consent to have DNA saved as part of the SDY Case Registry? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
8. Was a specimen sent to the SDY Case Registry biorepository? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K	If no, why not? <input type="checkbox"/> Consent was not attempted <input type="checkbox"/> Consent was attempted but follow up was unsuccessful <input type="checkbox"/> Consent was attempted but family declined <input type="checkbox"/> Other, specify:
10. Categorization for SDY Case Registry (choose only one): <input type="checkbox"/> Excluded from SDY Case Registry <input type="checkbox"/> Explained neurological, specify: <input type="checkbox"/> Explained other, specify: <input type="checkbox"/> Unexplained, SUDEP <input type="checkbox"/> Incomplete case information <input type="checkbox"/> Explained infant suffocation <input type="checkbox"/> Unexplained, possible cardiac <input type="checkbox"/> Unexplained death <input type="checkbox"/> Explained cardiac, specify: (under age 1) <input type="checkbox"/> Unexplained, possible cardiac and SUDEP	
11. Categorization for SUID Case Registry (choose only one): <input type="checkbox"/> Excluded (other explained causes, not suffocation) If possible suffocation or explained death scene investigation mechanism(s) leading to the death, check all that apply: <input type="checkbox"/> Unexplained: Incomplete case information <input type="checkbox"/> Soft bedding <input type="checkbox"/> Unexplained: No unsafe sleep factors <input type="checkbox"/> Wedging <input type="checkbox"/> Unexplained: Unsafe sleep factors <input type="checkbox"/> Overlay <input type="checkbox"/> Unexplained: Possible suffocation with unsafe sleep factors <input type="checkbox"/> Other, specify: <input type="checkbox"/> Explained: Suffocation with unsafe sleep factors	