

# CONFIDENTIAL—Notification of Death in a Person with HIV Infection



Please complete and return to:  
**Communicable Disease Prevention and Control, Department of Health, Reply Paid 65937, Melbourne VIC 8060.**

## 1. Notifying Doctor / Source of Information on Death

### Source of Information on Death

- Treating Doctor
- Other Doctor or Hospital
- State/Territory Register of Death
- Other — specify \_\_\_\_\_

Name of **Notifying Doctor or Agent** (include hospital name if appropriate)

Address Line 1

Address Line 2

City/Suburb/Town

Postcode

Telephone

Signature

Date

## 2. Patient Reference and Characteristics

IMPORTANT—to prevent identification of the patient, only provide the first two letters of the patient's family and given names in the boxes provided

**Namecode** Surname First Name

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What is the patient's **postcode** of usual residence?

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What is the patient's **sex**?

- Female
- Male
- Transgender

What is the patient's **date of birth**?

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### DoH Use Only

**DoH Received**

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**PNOs Received**

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**MBC Received**

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Call-back performed by:

**State Reference**

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## 3. Information on Death

**Date of death**

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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, please indicate the other cause of death below
  - Not reported
  - Accidental
  - Cancer
  - Drug overdose
  - Heart or vascular disease
  - Liver disease
  - Suicide
  - Other cause, please specify below