The National Death Index Results Form should be completed for all cases that meet the NDI search request criteria. Please refer to the “NDI Results Instructions” to assist in the interpretation of the NDI search output.

**NDI search request criteria:** The NDI will be used for known decedents on whom you were unable to obtain/locate a death certificate (after all local search possibilities were exhausted) or participants without follow-up on or after December 31, 2008 (as documented on an F2 coversheet).

1. **Was the NDI used for the above criteria:** Answer whether or not the NDI was used to search for the case.

   If an NDI search was not performed, complete question 1a then sign and date the form.

   Some examples of cases that met the NDI search request criteria but were not submitted through the NDI search are:
   
   ⇒ Known deaths where a death certificate could not be obtained after all local search possibilities were exhausted but did not go through the NDI search for reasons such as IRB mandate, participant or next of kin decision, or deaths that occurred after the NDI database cut-off date.
   ⇒ Lost to follow-up cases that could not be submitted through the NDI search for reasons such as IRB mandate, participant or next of kin decision (as documented on NP form), or last known alive date is after the NDI database cut-off date.

   If the NDI search was used, go to question 2.

1a. **Reason why the NDI was not used (Select the Primary Reason):**

   Select the most applicable reason why information was not submitted to the NDI to run a search. Reasons could be:

   **Per local IRB mandate.** This option may be marked for cases where there has not been IRB approval from the site IRB to run NDI searches on any participant enrolled at that site.

   **Participant, next of kin, or family decision (per source records).** This option will be chosen for cases where a participant, next of kin, or family member refused the NDI search as noted in the participant’s source records.

   **Other, specify.** Chose the “Other” option only if any of the above reasons are not applicable, then specify the reason why the NDI was not searched.

2. **The NDI search results review was completed on:** Provide the date of the current review of the NDI output.

3. **Indicate the results of the NDI search for this participant (as determined by the site RA, using the NDI Results Instructions):**

   **Exact Match:** for records that produced an exact match from the NDI

   **Probable Match:** for records that produced a probable match (as determined by the site RA, using the probable match criteria found in the NDI Results Instructions)

   **No Match:** for records that did not produce a match from the NDI OR records that produced a possible match (as indicated on the Retrieval Report) but were not found to be a probable match
Rejected: for records that were submitted to the NDI; however, failed to satisfy the basic criteria of the NDI edit program and were rejected prior to the NDI database search (as identified on the Rejected File from the NDI output)

4. Will you be requesting a Death Certificate?: Select Yes or No as to whether you will be requesting a death certificate for a record that produced an exact or probable match. If “No” is chosen, enter a reason in the comments field.

5. Record results of NDI search:

   Provide the ICD-10 code for the cause of death (as found on the PRT cause file from the NDI output). The underlying cause of death may not have been provided by the NDI for reasons such as: specific states do not allow for the release of ICD-10 codes through the NDI or if more than one possible match is provided by the NDI only the highest ranked match will have a cause of death code. If the cause of death code is not supplied, check the “Unknown” box.

   Provide the Year in which the death occurred for the match.

   Provide the State in which the death occurred for the match.

6. NDI results completed by: The initials of the first reviewer should be provided here.

7. Initials of person who performed QC: The initials of the second reviewer will be provided here or the “QC not performed” box will be checked.

Form completed by: Legible signature of staff member web entering the data from this form

Date Form Completed: Date the form was completed (mm-dd-yyyy)