Contact Form

Study Number ☐☐☐☐☐☐☐☐

Method of Follow-up ☐Email
☐Letter
☐Phone

Language to use ☐English
☐French
☐Spanish

Followed by ☐CHSS Data Center
☐Current Institution
☐Original Institution

Date Last Known to be Alive (DD/MMM/YYYY) ☐☐/☐☐☐/☐☐☐☐

Date of Last Event (DD/MMM/YYYY) ☐☐/☐☐☐/☐☐☐☐

Last Follow-up Date (DD/MMM/YYYY) ☐☐/☐☐☐/☐☐☐☐

Date Follow-up Received (DD/MMM/YYYY) ☐☐/☐☐☐/☐☐☐☐

Refused ☐No
☐Yes
☐Unknown

Lost to Follow-up ☐No
☐Yes
☐Unknown

Date of Refused or Lost Follow-up (DD/MMM/YYYY) ☐☐/☐☐☐/☐☐☐☐

Previous Follow-up Status (2013) ☐Complete
☐Inst. Consent-Complete
☐Inst. Consent-Incomplete
☐Lost to Follow-up
☐Located, No Response
☐Patient Found
☐Refused Participation
☐Wrong address/phone, trying to locate
Previous Follow-up Status (2014)
☐ Complete
☐ Inst. Consent-Complete
☐ Inst. Consent-Incomplete
☐ Lost to Follow-up
☐ Located, No Response
☐ Patient Found
☐ Refused Participation
☐ Wrong address/phone, trying to locate

Previous Follow-up Status (2015)
☐ Complete
☐ Inst. Consent-Complete
☐ Inst. Consent-Incomplete
☐ Lost to Follow-up
☐ Located, No Response
☐ Patient Found
☐ Refused Participation
☐ Wrong address/phone, trying to locate

Date of Address Update (DD/MMM/YYYY) ☐☐/☐☐/☐☐/☐☐/☐☐

Parent Names

Street

City

State/Province

Country

Zip Code/Postal Code

Primary Phone

Email Address

Alternate number (cell/work) ☐☐ whose number is this ☐☐

Alternate number (cell/work) ☐☐ whose number is this ☐☐

Alternate Contact Name #1

Alternate Contact Phone #1

Relationship to Subject

Alternate Contact Name #2
Alternate Contact Phone #2
Relationship to Subject

Alternate Contact Name #3
Alternate Contact Phone #3
Relationship to Subject

Comments: