

Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
 Form 80: Final Status
 Version: C - 10/05/2012

SECTION A: ADMINISTRATIVE INFORMATION

- A1. Study Identification Number:
- A2. Subject's Last Study Visit:
- A3. Date Form Completed: MM/DD/YYYY

SECTION B: FINAL STATUS

- B1. What was the subject's final study status?
- Consented to Baseline Visit only
 - Lost to follow-up
 - Withdrew from Study
 - Death
 - Administrative decision
 - Other
- a. If **administrative decision** or **other**, specify:
- b. Date Participation Terminated MM/DD/YYYY

SECTION C: LOST TO FOLLOW-UP

C1. For subject **lost to follow-up**, date of last contact with subject: MM/DD/YYYY

C2. Document follow-up efforts below (*minimum of 3 required*):

	Called subject	Called subject's designated contact	Emailed subject	Sent letter to subject	Sent certified letter to subject	Other
a. Select method of first attempt to follow-up:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. If Other, specify: <input type="text"/>						
ii. Date of first attempt: <input type="text"/> MM/DD/YYYY						
b. Select method of second attempt to follow-up:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. If Other, specify: <input type="text"/>						
ii. Date of second attempt: <input type="text"/> MM/DD/YYYY						
c. Select method of third attempt to follow-up:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. If Other, specify: <input type="text"/>						
ii. Date of third attempt: <input type="text"/> MM/DD/YYYY						

SECTION D: WITHDREW FROM STUDY

- D1. For subject who **withdrew from study**, date withdrawn: MM/DD/YYYY
- D2. Did subject request that samples be destroyed?
- Yes
 - No

SECTION E: DEATH

E1. Date of death: MM/DD/YYYY

- E2. Cause of death:
- | | |
|--|---|
| <input type="radio"/> Accident | <input type="radio"/> Infection |
| <input type="radio"/> Acquired Immune Deficiency Syndrome (AIDS) | <input type="radio"/> Influenza or Pneumonia |
| <input type="radio"/> Alzheimer's Disease | <input type="radio"/> Old age/Natural Causes |
| <input type="radio"/> Cancer | <input type="radio"/> Renal Disease |
| <input type="radio"/> Cardiac Disease | <input type="radio"/> Stroke |
| <input type="radio"/> Chronic Respiratory Disease | <input type="radio"/> Sudden Cardiac Death |
| <input type="radio"/> Congenital Anomalies | <input type="radio"/> Sudden Infant Death Syndrome (SIDS) |
| <input type="radio"/> Diabetes | <input type="radio"/> Suicide |
| <input type="radio"/> Homicide | <input type="radio"/> Unknown |
| <input type="radio"/> Infant death due to prematurity | <input type="radio"/> Other |

a. If other, specify:

E3. Source of information (check all that apply):

- | | |
|-------------------------|--------------------------|
| a. Medical Record | <input type="checkbox"/> |
| b. Autopsy Report | <input type="checkbox"/> |
| c. Death Certificate | <input type="checkbox"/> |
| d. Relative | <input type="checkbox"/> |
| e. National Death Index | <input type="checkbox"/> |
| f. Other | <input type="checkbox"/> |

i. If other, specify:

SECTION F: COMMENTS

F1. Additional comments: