

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 18: 90 DAYS POST PROCEDURE**

To be completed by study personnel via medical record review and telephone interview with participant. Once completed, this data should be entered into eDC and this document should be filed in the Participant's Study Binder.

1. Was the participant's 90 day post procedure blood sample to be sent to the Central Lab for renal function assessment collected? **Blood90Day** **Blank: -1**
 Yes **1**
 Not yet, but collection is scheduled **2**
 No (**Complete a Protocol Deviation form if needed**) **3**

2. Were you able to complete the 90 day post procedure participant interview? **Interview90Day** **Blank: -1**
 Yes (**If yes, answer Q3-Q5**) **1**
 No (**If the reason was due to death or another type of SAE, complete an Endpoint_SAE form. Complete a Protocol Deviation Form if needed.**) **2**

3. Date of participant interview: ____/____/____ **Day90InterviewDat**

Participant Interview Questions

4. Since the last time you were contacted in *<insert month>*, have you been admitted to a hospital?
Day90Hosp **Blank: -1**
 Yes (**If yes, complete an Endpoint_SAE Form**) **1**
 No **2**

5. Since the last time you were contacted in *<insert month>*, have you needed to receive dialysis?
Day90Dialysis **Blank: -1**
 Yes (**If yes, complete an Endpoint_SAE Form**) **1**
 No **2**

6. Date Form Completed: _____ **F18Complete**

Signature of person completing the form: _____