

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

Complete this form for any study visit that was missed and not rescheduled *at any time*. The visit window period for all visits after the third month is 5 days around the target visit date. Do not complete this form for participants who are inactive.

A. VISIT INFORMATION

Missed Visit Identification Number: _____

1. Which visit was missed? (*check one*)

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 10 Week 10 | <input type="checkbox"/> 18 Month 12 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 3 Week 1 | <input type="checkbox"/> 11 Month 3 | <input type="checkbox"/> 21 Month 13 | <input type="checkbox"/> 30 Month 30 | <input type="checkbox"/> 98 PhiX174 |
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 15 Month 5 | <input type="checkbox"/> 26 Month 15 | <input type="checkbox"/> 31 Month 36 | Visit ONLY |
| <input type="checkbox"/> 5 Week 3 | <input type="checkbox"/> 16 Month 6 | <input type="checkbox"/> 27 Month 18 | <input type="checkbox"/> 32 Month 42 | |
| <input type="checkbox"/> 6 Week 5 | <input type="checkbox"/> 17 Month 9 | <input type="checkbox"/> 28 Month 21 | <input type="checkbox"/> 33 Month 48 | |

a. If OTHER, specify date of visit:

_____/_____/_____
DAY MONTH YEAR

b. If PhiX174 Visit ONLY (*i.e. Weeks 6, 7, 8, 13, 14, 16, 53, 54, 58, 59, 60, or 62*),
Record week number: _____

B. MISSED VISIT INFORMATION

1. Has there been any contact with the participant concerning the missed visit?

Y N

If YES,

a. What was the primary reason for the missed visit? (*check one*):

- 1 Illness, surgery, or hospitalization (*If checked, complete the Adverse Event Report Form RIT13*)
- 2 Moved to less convenient location
- 3 Conflicting responsibilities (job, family)
- 99 Other

1) If Other, specify: _____

2. Is the participant expected to continue with future follow-up visits?

Y N

If NO, complete the Change of Status Form (RIT15)

Initials (first, middle, last) of person completing this form:

F M L

Date form completed:

_____/_____/_____
DAY MONTH YEAR

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*