

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 for the visits on Day 14 and Day 28 is 3 days on either side of the target visit date. For all other visits the window is 7 days on either side of the target 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"/> 1 Visit 1 | <input type="checkbox"/> 9 Visit 9 | <input type="checkbox"/> 17 Visit 17 | <input type="checkbox"/> 25 Visit 25 |
| <input type="checkbox"/> 2 Visit 2 | <input type="checkbox"/> 10 Visit 10 | <input type="checkbox"/> 18 Visit 18 | <input type="checkbox"/> 26 Visit 26 |
| <input type="checkbox"/> 3 Visit 3 | <input type="checkbox"/> 11 Visit 11 | <input type="checkbox"/> 19 Visit 19 | <input type="checkbox"/> 27 Visit 27 |
| <input type="checkbox"/> 4 Visit 4 | <input type="checkbox"/> 12 Visit 12 | <input type="checkbox"/> 20 Visit 20 | <input type="checkbox"/> 28 Visit 28 |
| <input type="checkbox"/> 5 Visit 5 | <input type="checkbox"/> 13 Visit 13 | <input type="checkbox"/> 21 Visit 21 | <input type="checkbox"/> 29 Visit 29 |
| <input type="checkbox"/> 6 Visit 6 | <input type="checkbox"/> 14 Visit 14 | <input type="checkbox"/> 22 Visit 22 | <input type="checkbox"/> 30 Visit 30 |
| <input type="checkbox"/> 7 Visit 7 | <input type="checkbox"/> 15 Visit 15 | <input type="checkbox"/> 23 Visit 23 | <input type="checkbox"/> 31 Visit 31 |
| <input type="checkbox"/> 8 Visit 8 | <input type="checkbox"/> 16 Visit 16 | <input type="checkbox"/> 24 Visit 24 | |

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 CTL13*)
- 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 (CTL15)

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).*