



2. Explain in detail reason for notification of transfer. (USE EXTRA SHEET IF NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_

3. On what date would the proposed transfer to inactive status become effective? (IF IMMEDIATELY, ENTER TODAY'S DATE.)

\_\_\_\_ \_    \_\_\_\_ \_    \_\_\_\_ \_  
Month    Day    Year

If uncertain, check here: ( 1)

**C. PLANS FOR FUTURE CONTACT**

1. Do you anticipate that you will attempt to contact the patient in the future?

No    Yes    Uncertain  
( 1)   ( 2)   ( 3)

If NO, give reason(s): \_\_\_\_\_

\_\_\_\_\_

2. Do you believe that the patient would be willing and able to return to an EDIC clinic for at least some outcome evaluations?

No    Yes    Uncertain  
( 1)   ( 2)   ( 3)

If YES or UNCERTAIN, specify plans for future patient followup:

\_\_\_\_\_

\_\_\_\_\_

3. Who will be delivering the patient's diabetes care? (Specify names, addresses and phone numbers if known)

\_\_\_\_\_

\_\_\_\_\_

Signature of Principal Investigator:  
\_\_\_\_\_