

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

For office use only.

LABS-2 Inactivation Form (IN2) – Version 06/30/2008 FORMV

Patient ID _____ - _____ - _____ **ID**

Form Completion Date __/__/____

IN2DAT mm dd yyyy

Certification number: _____ **CERT**

1. Date of Inactivation __/__/____ **DOIDAT** (If deceased, date of inaction is date of death)
mm dd yyyy **(replaced with AGE_I)**

2. Reason for Inactivation **INACT**

- 1. Patient refused further participation
- 2. Patient excluded from the study

If excluded, check reason: **EXCLU**

- 1. Surgery performed by a Non-LABS certified surgeon
- 2. Patient did not proceed to surgery

If no surgery, check reason(s)

No Yes

- Lack of insurance coverage **LACKINS**
- Surgeon's Choice: **SURCHO**

If yes to surgeon's choice, check reason(s)

No Yes

- Medical reason **MEDICAL**
- Psycho-social reason **PHYSOC**
- Other **SURGOTH** (Specify: __**SURGSPE**__)
- LABS surgeon but surgery at non-LABS hospital **NEWHOSP**
- Patient's choice **PTCHO**
- Other **NOSURGO**(Specify: _____**NOSURGS**_____)

- 3. Other (Specify: __**EXCLUS**_____)

Patient ID _____ - _____ - _____

- 3. Patient died
- 4. Patient too sick to comply with follow-up
- 5. Patient relocated
- 6. Patient is untraceable
- 7. Other, (specify _____ **INACTOS** _____)
- 8. Unable to schedule baseline visit
- 9. < 14 days notice of surgery

3. **If not known to be deceased**, status date: ___ / ___ / 20 ___ (most recent date participant known to be alive)
mm dd yy **STATDATE**

4. Was the Retention Survey (Inactivated Participants) completed? -2. N/A (inactivated prior to surgery)
- 0. No
 - 1. Yes
- RSDONE**