

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

**Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2
Inactivation Form – Surgery Patients (PINS) – Version: 6/30/2006 FORMV**

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

PINSDAT Form Completion Date __/__/20__
mm dd yy

Certification number: _____ **CERT**

1. Date of Inactivation __/__/20__ **DOIDAT**
mm dd yy

2. Reason for Inactivation **INACT**

1. Patient refused further participation

2. Patient excluded from the study

If excluded, check reason: **EXCLUI**

1. Patient did not complete the baseline blood draws and questionnaires before having surgery

2. Patient inactivated from LABS-2.

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