

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

**Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2
Inactivation Form – Treatment Comparison (PINT) – Version: 02/28/2009 FORMV**

Patient ID _____ **ID** **PINTDAT** **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: **EXCLUP**

1. Patient did not proceed to weight loss program

2. Patient dropped out of parent study

Check which parent study

BOBS **BOBS**

Two42 **TWO42**

Wrigley **WRIG**

Fertility **FERTIL**

Other (Specify: _____ **PSTUDO, PSTUDYS** _____)

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