

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

For office use only.

LABS-3 Psychosocial Inactivation Form (IN3PI) – Version 07/31/2007 FORMV

Patient ID _____ - **ID** _____

IN3DAT Form Completion Date __/__/20__
mm dd yy

Certification number: **CERT** _____

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

2. Reason for Inactivation **INACTLB3**

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

If excluded, check reason: EXACTLB3

- 1. Already on liquid diet for more than 7 days
- 2. Non-indicated type I diabetes
- 3. Unable to complete all required measures at baseline (EDE, SCID, and MFED)
- 4. Other (Specify: **EXACOTH3** _____)

- 3. Participant too sick to comply with follow-up
- 4. Participant relocated
- 5. Participant is untraceable
- 6. Other, (specify **INACTOS3** _____)
- 7. Unable to schedule baseline visit
- 8. Participant inactivated from LABS-2