



CHILDRENLink: LOGIC

G1 Form 35 Final Status LOGIC

B: FINAL SUBJECT STATUS

B1a	Please identify the reason why the subject is leaving this study:	<input type="checkbox"/> Completed study → complete B1b and section G <input type="checkbox"/> Transferred to another CHILDREN site (Specify site and date of transfer in B-2a and B-2b) → complete B2a, B2b, and section G <input type="checkbox"/> Ineligible prior to start of study (was consented and then identified as ineligible) (Specify condition in B-3) → complete B1b, B3, and section G <input type="checkbox"/> Violated eligibility condition after start of study (Specify condition in B-3) → complete B1b, B3, and section G <input type="checkbox"/> Investigator withdrew subject from study for reason other than eligibility (Specify reason in B-4) → complete B1b, B4, and section G <input type="checkbox"/> Subject voluntarily withdrew from study (Specify in B-4) → complete B1b, B4, and section G <input type="checkbox"/> Lost to follow-up (Specify date lost to follow-up in B-1b) → complete sections C and G <input type="checkbox"/> Death → complete sections E and G <input type="checkbox"/> Other early termination → complete B1b, B5, B6, and section G
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If you selected "Death" or "Transferred to another site," you'll have an opportunity to enter the relevant dates later in this form. Please fill out all available fields on the entire form. If you selected "Lost to Follow-up," also complete PROBE Form 35 "Lost to Follow-up" section.

B1b	What is the date the subject left the study?	____ / ____ / ____														
B2a	Please specify the new site:	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Chicago</td> <td><input type="checkbox"/> Cincinnati</td> </tr> <tr> <td><input type="checkbox"/> Denver</td> <td><input type="checkbox"/> Philadelphia</td> </tr> <tr> <td><input type="checkbox"/> Pittsburgh</td> <td><input type="checkbox"/> San Francisco</td> </tr> <tr> <td><input type="checkbox"/> Houston</td> <td><input type="checkbox"/> St. Louis University</td> </tr> <tr> <td><input type="checkbox"/> Indianapolis</td> <td><input type="checkbox"/> Seattle</td> </tr> <tr> <td><input type="checkbox"/> Toronto</td> <td><input type="checkbox"/> Salt Lake City</td> </tr> <tr> <td><input type="checkbox"/> Los Angeles</td> <td><input type="checkbox"/> Atlanta</td> </tr> </table>	<input type="checkbox"/> Chicago	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Denver	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Houston	<input type="checkbox"/> St. Louis University	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Seattle	<input type="checkbox"/> Toronto	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Atlanta
<input type="checkbox"/> Chicago	<input type="checkbox"/> Cincinnati															
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<input type="checkbox"/> Houston	<input type="checkbox"/> St. Louis University															
<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Seattle															
<input type="checkbox"/> Toronto	<input type="checkbox"/> Salt Lake City															
<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Atlanta															
B2b	Please specify the transfer date:	____ / ____ / ____														
B3	Please specify the condition causing ineligibility:	_____														
B4	Please specify the reason for withdrawal:	_____														
B5	Subject has requested removal of his/her information from the database:	<input type="checkbox"/> No <input type="checkbox"/> Yes														
B6	Subject has requested removal of his/her samples from the repository:	<input type="checkbox"/> No <input type="checkbox"/> Yes														

E: DEATH

E1	Date of death:	____ / ____ / ____
E2	Cause of death:	_____
E5	Complications present or treated at time of death (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Xanthomatosis <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

G: INVESTIGATOR SIGNATURE

G1	Investigator Signed?	<input type="radio"/> No → Done <input type="radio"/> Yes _____
G2	Date investigator signed	____ / ____ / ____