



ChiLDReNLink: LOGIC

**Form 35 Final Status LOGIC G4**

**B: FINAL SUBJECT STATUS**

B1a	Please identify the reason why the subject is leaving this study:	<input type="checkbox"/> Not eligible for enrollment in Group 1 or 2 (Specify condition in B-3) <input type="checkbox"/> Offered enrollment into Group 1 or 2 (Specify reason in B-4) <input type="checkbox"/> Transferred to another ChiLDReN site (Specify site and date of transfer in B-2a and B-2b) → <b>complete B2a, B2b, and section G</b> <input type="checkbox"/> Investigator withdrew subject from study for reason other than eligibility (Specify reason in B-4) → <b>complete B1b, B4, and section G</b> <input type="checkbox"/> Subject voluntarily withdrew from study (Specify in B-4) → <b>complete B1b, B4, and section G</b> <input type="checkbox"/> Lost to follow-up → <b>complete sections C and G</b> <input type="checkbox"/> Death → <b>complete sections E and G</b> <input type="checkbox"/> Other early termination → <b>complete B1b, B5, B6, and section G</b>
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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.

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
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<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														

**C: LOST TO FOLLOW-UP**

C1	Reason for loss to follow-up:	<input type="checkbox"/> Care transferred to a non-ChiLDReN center <input type="checkbox"/> Lost Contact <input type="checkbox"/> Other (specify): _____
C2	Date of loss to follow-up:	____ / ____ / ____
The date of loss to follow-up is the date used to determine visit compliance. Visits scheduled after this date will be removed (not counted against the site). If a subject is lost to follow-up on a date within a visit window, you must mark that visit "Missed." To avoid visit compliance issues, enter the end-of-study dates as soon as you know the subject has left the study.		
C3	Date of last contact:	____ / ____ / ____

**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="checkbox"/> No → <b>Done</b> <input type="checkbox"/> Yes _____
G2	Date investigator signed	____ / ____ / ____