



56864

Follow-Up Week 20 Telephone

Please Use Black Pen To Fill Out Form.

Week #
week

Date of Assessment
assessdt
mm / dd / yyyy

Patient ID
idn

Patient Letter Code
letcode

corfix
Correction

Instructions

Use this form for all therapy groups .

1.A. Is the patient willing and able to continue in the study?

Yes No *u20ptcnt*

B. If **No**, date of the Withdrawal/Close-out Form:

u20wdt
mm / dd / yyyy

CRA Use Only

Concurrent Medications and Conditions

2.A. Ask the parent (or patient) the following question:
Has your child (have you) had any other problems since your last visit?

If **No**, skip to item 3.

Yes No *u20ptprb*

B. Was a Concurrent Medical Condition Form completed?

Yes No *u20mdcon*

C. If **Yes**, date of the form:

u20mdc
mm / dd / yyyy

D. Was a Serious Adverse Event Form completed?

Yes No *u20sae*

E. If **Yes**, date of the SAE form:

u20saedt
mm / dd / yyyy

F. Was an Adverse Event Form completed?

Yes No *u20ae*

G. If **Yes**, date of the AE form:

u20aedt
mm / dd / yyyy

3.A. Ask the parent (or patient) the following question:
Has your child (have you) taken any new medicines, other than those given to you within this study, since the last visit?

If **No**, skip to item 4.

Yes No *u20nwmed*

B. Has the Concurrent Medications Form been completed?

Yes No *u20meds*

C. If **Yes**, date of the form:

u20mdsdt
mm / dd / yyyy

Signature: _____

Certif. #:

staffid1 - [] [] [] [] [] []

PEDS-C

Untreated Follow-Up Assessment Summary

Follow-Up Week 20 Telephone

PDC 66
Rev 0
03/08/2006
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Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	Correction
<i>week</i>	<i>assesdtd</i>	<i>idn</i>	<i>letcode</i>	<i>corrfix</i>
	mm / dd / yyyy	- - - -		

Concurrent Medications and Conditions (Continued)

4.A. Is the patient a female at least 10 years of age?

Yes No *u20fem*

If **No**, skip to item 5.

B. What was the first day of her last menstrual period?

u20mnsdt / / NA
mm / dd / yyyy *u20mnsna*

C. Does she show secondary amenorrhea of 1 week or more?

Yes No NA *u20amnor*

If **No** or **NA**, skip to item 5.

D. Was a urine pregnancy test done?

Yes No *u20upgst*

If **No**, skip to item 5.

E. Date of the test:

u20upgdt / /
mm / dd / yyyy

F. Urine pregnancy test result:

Positive Negative *u20upgrs*

If **Negative**, skip to item 5.

G. Was a serum pregnancy test done?

Yes No *u20spgst*

If **No**, skip to item 5.

H. Date of the test:

u20spgdt / /
mm / dd / yyyy

I. Serum pregnancy test result:

Positive Negative *u20spgrs*

J. If either the urine or serum test was **Positive**, was the pregnancy reported to your PI, the DCC/CRO, and the Ribavirin Registry (1-800-593-2214) within 24 hours?

Yes No *u20pgrep*

CRA Use Only

Signature: _____

Certif. #: _____

staffid2 -

PEDS-C

Untreated Follow-Up Assessment Summary

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Rev 0
07/06/2005
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Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	
<i>week</i>	<i>assesdt</i> <small>mm / dd / yyyy</small>	<i>idn</i> - - - -	<i>letcode</i>	<i>corrfix</i> Correction

Concurrent Medications and Conditions (Continued)

5. Is the patient a sexually active female at least 10 years old or a sexually active male?

Yes	No
<input type="radio"/>	<input type="radio"/> <i>u20sexat</i>

CRA Use Only

If **No**, skip to Signature and Certif. #.

6. Indicate all types of contraception used (Answer each item):

A. Oral contraceptive

<input type="radio"/>	<input type="radio"/> <i>u20cnora</i>
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B. Intrauterine contraceptive device

<input type="radio"/>	<input type="radio"/> <i>u20cniud</i>
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C. Depot contraceptives (implants, injectables)

<input type="radio"/>	<input type="radio"/> <i>u20cndep</i>
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D. Physical barrier (condom, diaphragm)

<input type="radio"/>	<input type="radio"/> <i>u20cnphy</i>
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E. Abstinence

<input type="radio"/>	<input type="radio"/> <i>u20cnabs</i>
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F. None

<input type="radio"/>	<input type="radio"/> <i>u20cnnon</i>
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G. Other

<input type="radio"/>	<input type="radio"/> <i>u20cnoth</i>
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Specify *u20cnosp*

Signature: _____

Certif. #: _____

<i>staffid3</i>	- - - -
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