## NIP DIABETES PILOT STUDY Form NPP26 **Diabetes** STUDY SUBSTANCE PERMANENT DISCONTINUATION FORM 16Apr2007 (v.1.3) **TrialNet** Page 1 of 1 Site Number: Screening ID: Participant Letters: T a

		dy Coo capsule	ordinator should con s.	nplete 1	this form for moth	er/infa	nt who di	scont	inues u	se of s	tudy fo	rmula	
Α.	A. VISIT INFORMATION												
1.	1. Report date (e.g. 05/Sep/2006): //												
2.	2. Last attended scheduled visit (check one):												
		Pregnant Woman Screening/ Enrollment		□ 95	Entry A Infant Screening combined	□ <sub>3</sub>	3 Months o	ld	□ <sub>21</sub>	21 Mo	nths old		
		□ <sub>92</sub>		,,,	with Infant Enrollment		6 Months old		□ <sub>24</sub>	24 Months old			
			Infant Screening	□ 93 □ 94	Infant Enrollment combined with 3 Months Old	<b>9</b>	9 Months old		□ 30	30 Months old			
			Infant Enrollment			□ <sub>12</sub>	12 Months	Months old		36 Months old			
		□ 96	Non-Qualified Debriefing Visit		Infant Enrollment combined with 6 Months Old	□ <sub>15</sub>	15 Months old		□ <sub>42</sub>	42 Months old			
		70				□ 18	18 Months old		□ 48	48 Months old			
В.	DIS	CONTI	NUATION OF STU	DY SU	JBSTANCE								
1.	1. Did the mother/infant discontinue taking study substance?											N	
	a. If YES, who discontinued taking study substance ( <i>check one</i> )? $\Box$ 1 Mother $\Box$									Infant			
2.	2. Date study substance discontinued:  DAY MONTH YEAR												
3.	3. Explain why the mother/infant discontinued taking study substance:												
				Initials	s (first, middle, last	) of per	son comp	leting	this fo	rm:			
										F M	L		
Date form completed:								DAY	_ ′	/ NTH	— <u>VF</u> A	 R	

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "\*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).