

Site Number: _____ Screening ID: _____ - ____ Participant Letters: _____

The Study Coordinator should complete this form for mother/infant who discontinues use of study formula and/or capsules.

A. VISIT INFORMATION

1. Report date (e.g. 05/Sep/2006): _____ / _____ / _____
DAY MONTH YEAR

2. Last attended scheduled visit (check one):

- | | | | | | | | |
|-----------------------------|--------------------------------------|-----------------------------|--|-----------------------------|---------------|-----------------------------|---------------|
| <input type="checkbox"/> 91 | Pregnant Woman Screening/ Enrollment | <input type="checkbox"/> 95 | Entry A Infant Screening combined with Infant Enrollment | <input type="checkbox"/> 3 | 3 Months old | <input type="checkbox"/> 21 | 21 Months old |
| <input type="checkbox"/> 92 | Delivery | <input type="checkbox"/> 93 | Infant Enrollment combined with 3 Months Old | <input type="checkbox"/> 6 | 6 Months old | <input type="checkbox"/> 24 | 24 Months old |
| <input type="checkbox"/> 1 | Infant Screening | <input type="checkbox"/> 94 | Infant Enrollment combined with 6 Months Old | <input type="checkbox"/> 9 | 9 Months old | <input type="checkbox"/> 30 | 30 Months old |
| <input type="checkbox"/> 2 | Infant Enrollment | | | <input type="checkbox"/> 12 | 12 Months old | <input type="checkbox"/> 36 | 36 Months old |
| <input type="checkbox"/> 96 | Non-Qualified Debriefing Visit | | | <input type="checkbox"/> 15 | 15 Months old | <input type="checkbox"/> 42 | 42 Months old |
| | | | | <input type="checkbox"/> 18 | 18 Months old | <input type="checkbox"/> 48 | 48 Months old |

B. DISCONTINUATION OF STUDY SUBSTANCE

1. Did the mother/infant discontinue taking study substance? Y N

a. If YES, who discontinued taking study substance (check one)? 1 Mother 2 Infant

2. Date study substance discontinued: _____ / _____ / _____
DAY MONTH YEAR

3. Explain why the mother/infant discontinued taking study substance:

Initials (first, middle, last) of person completing this form: _____
F M L

Date form completed: _____ / _____ / _____
DAY MONTH YEAR

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).