

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

Complete this form for any study visit that was missed and not rescheduled *at any time*. The visit window for the visits on Day 14 and Day 28 is 3 days on either side of the target visit date. For all other visits the window is 7 days on either side of the target date.

Do not complete this form for participants who are inactive.

A. VISIT INFORMATION

Missed Visit Identification Number: # # # #

1. Which visit was missed? (*check one*)

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Visit 1 | <input type="checkbox"/> 9 Visit 9 | <input type="checkbox"/> 17 Visit 17 | <input type="checkbox"/> 25 Visit 25 |
| <input type="checkbox"/> 2 Visit 2 | <input type="checkbox"/> 10 Visit 10 | <input type="checkbox"/> 18 Visit 18 | <input type="checkbox"/> 26 Visit 26 |
| <input type="checkbox"/> 3 Visit 3 | <input type="checkbox"/> 11 Visit 11 | <input type="checkbox"/> 19 Visit 19 | <input type="checkbox"/> 27 Visit 27 |
| <input type="checkbox"/> 4 Visit 4 | <input type="checkbox"/> 12 Visit 12 | <input type="checkbox"/> 20 Visit 20 | <input type="checkbox"/> 28 Visit 28 |
| <input type="checkbox"/> 5 Visit 5 | <input type="checkbox"/> 13 Visit 13 | <input type="checkbox"/> 21 Visit 21 | <input type="checkbox"/> 29 Visit 29 |
| <input type="checkbox"/> 6 Visit 6 | <input type="checkbox"/> 14 Visit 14 | <input type="checkbox"/> 22 Visit 22 | <input type="checkbox"/> 30 Visit 30 |
| <input type="checkbox"/> 7 Visit 7 | <input type="checkbox"/> 15 Visit 15 | <input type="checkbox"/> 23 Visit 23 | <input type="checkbox"/> 31 Visit 31 |
| <input type="checkbox"/> 8 Visit 8 | <input type="checkbox"/> 16 Visit 16 | <input type="checkbox"/> 24 Visit 24 | |

B. MISSED VISIT INFORMATION

1. Has there been any contact with the participant concerning the missed visit?

Y N

If YES,

a. What was the primary reason for the missed visit? (*check one*):

- ☐ 1 Illness, surgery, or hospitalization (*If checked, complete the Adverse Event Report Form CTL13*)
- ☐ 2 Moved to less convenient location
- ☐ 3 Conflicting responsibilities (job, family)
- ☐ 99 Other

1) If Other, specify: _____

2. Is the participant expected to continue with future follow-up visits?

Y N

If NO, complete the Change of Status Form (CTL15)

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).