

COMMENTS:

- Affix label here-

Member ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

1. Effective Date: \_\_\_\_\_ (M/D/Y)

2. Completed By: \_\_\_\_\_

3. Source of Information:

<sub>1</sub> Participant

<sub>4</sub> FC Staff

<sub>2</sub> Family Member or Friend

<sub>8</sub> Other

<sub>3</sub> Physician

<sub>5</sub> CCC Database Update

4. Change in Follow-Up Status. If participant is changing her follow-up status at this contact, mark the new follow-up status. (Mark only one.)

<sub>1</sub> Full follow-up

<sub>2</sub> Proxy follow-up (Complete 4.1 **only** if applicable.)

Proxy Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Reason: \_\_\_\_\_

(Enter the Proxy information in the Personal Information Update screen. Notify proxy and request permission.)

<sub>4</sub> Partial or Custom follow-up (Complete 4.1 **only** if applicable)

(Contacts customized to meet specific participant needs.) Specify: \_\_\_\_\_

<sub>5</sub> No follow-up (OK to have periodic contact with participant)

<sub>8</sub> **Absolutely** no contact (No contact with participant)

<sub>6</sub> Deceased → Complete Form 120 – Initial Notification of Death (do not complete Form 9).

<sub>7</sub> Lost-to-follow-up → Complete Form 23 – Search to Locate Participant (Vital Status Investigation) (do not complete Form 9).

4.1. Type of follow-up (for codes 2 and 4).

<sub>2</sub> No phone

<sub>3</sub> No CCC mail

5. Change in Newsletter Status:

<sub>0</sub> Refuse Newsletter

<sub>1</sub> Receive Newsletter

Comments: \_\_\_\_\_

K \_\_\_\_\_