

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:

₁ Participant

₄ RC Staff

₂ Family Member or Friend

₈ Other

₃ Physician

₅ 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.)

₁ Full follow-up

₂ 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.)

₄ Partial or Custom follow-up (Complete 4.1 **only** if applicable)

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

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

₂ No phone

₃ No CCC mail

₅ No follow-up (OK to have periodic contact with participant)

₈ **Absolutely** no contact (No contact with participant)

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

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

5. Change in Newsletter Status:

₀ Refuse Newsletter

₁ Receive Newsletter

Comments: _____

K _____