Pediatric Heart Network: Trial of BB vs. ARB in Marfan Syndrome

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Form A214: Subject Transfer Form

PHN-06

INSTRUCTIONS: Complete this form if an enrolled subject from your site permanently transfers to another PHN site for their remaining trial follow-up, or when you first see an enrolled subject that has transferred from another PHN site.

Section A: KEY IDENTIFYING INFORMATION				
A1.	Study Identification Number			
A2.	Date of form completion	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}		
A3.	Name of person completing form	PRINT FULL NAME INITIALS		
A4.	Reason for form completion	Subject ending study follow-up at this site		
If reason for form completion is 2, fax completed form to DCC for data entry.				
Section B: ORIGINATING SITE INFORMATION				
B1.	Study drug assigned	STUDY DRUG A1 STUDY DRUG B2		
B2.	Is the subject in the Dose Adjustment Cycle or the Maintenance Phase of study drug?	DOSE ADJUSTMENT CYCLE1 MAINTENANCE2		
B3.	Most recent prescription date	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$		
B4.	Originating site number			
B5.	Date last seen at originating site	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$		
B6.	Transfer site number			
B7.	Reason for transfer:			
B8.	Was this subject consented in the Musculoskeletal Ancillary Study?	YES1 NO2 NA1		
B9.	Did the subject consent to participate in the Genetics Ancillary Study?	e yes1 No2 (Z1) NA1 (Z1)		
	a. Was a blood sample drawn?	YES1 (Z1) NO2 (Z1)		

	Affix Marfan Trial Subject ID:		
Section C. TRANSFER SITE INFORMATION			
Section C: TRANSFER SITE INFORMATION			
C1.	Study drug assigned	STUDY DRUG A 1 STUDY DRUG B 2	
C2.	Is the subject in the Dose Adjustment Cycle or the Maintenance Phase of study drug?	DOSE ADJUSTMENT CYCLE1 MAINTENANCE2	
C3.	Transfer site number		
C4.	Date consent signed at the transfer site	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$	
C5.	Will the transfer site receive the 1 year milestone reimbursement?	YES 1 NO 2 NA1	
C6.	Will the transfer site receive the final milestone reimbursement?	YES 1 NO 2 NA1	
C7.	Will this subject participate/continue to participate in the Musculoskeletal Ancillary Study at the transfer site?	YES1 NO 2 (C8) NA1 (C8)	
	a. Date consent signed at the transfer site	$\overline{M} = \overline{M} = $	
C8.	If the subject did not participate in the Genetic Ancillary Study and/or have a sample drawn at the originating site, will the subject participate in the Genetics Ancillary Study at the transfer site?	YES1 NO2 (C9) NA1 (C9)	
	a. Date consent signed at the transfer site	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$	
C9.	Comments:		
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Section Z: TIME TO COMPLETE FORM			
Z1.	How long did it take to complete this form?	minutes	
END OF FORM			

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Version A: 05-20-09

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