INSTRUCTIONS: Screen all living SVR Trial patients at or after Study Visit 4 (age 14 months).

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

A2. Acrostic Identifier ___ ___ ___ ___ ___

A3. Study visit ELIGIBILITY EVENT…….55

A4. Date of screening ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A5. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Section B: INCLUSION and EXCLUSION CRITERIA

B1. Was the patient randomized in the SVR Trial? YES ..... 1 NO 2

a. Did the patient receive a heart transplant prior to the date of screening? YES……...1 NO…….2

Complete R127 Transplant Consent Form

B2. Is the patient alive? YES ..... 1 NO 2

Patient is ELIGIBLE if B1 = YES and B2 = YES

Section C: STUDY ELIGIBILITY

C1. Is patient eligible for the SVR extension study? YES .....1 NO ..... 2 **(END)**

C2. Did the parent/legal guardian sign the SVR Extension Main Study informed consent? YES .....1 NO ..... 2 **(C3)**

a. Date consent signed __ __ / __ __ / __ __ __ __ **(END)**
M M D D Y Y Y Y

C3. Reason for NOT signing Informed Consent Form: (Circle the **first** applicable choice)

FAMILY UNWILLING TO PARTICIPATE IN RESEARCH STUDY ……..……1

PEDIATRICIAN/REFERRING MD DID NOT WANT PATIENT TO PARTICIPATE…….....2 **(END)**

LOST TO FOLLOW-UP……..…3 (**END**)

OTHER……..99

i. Specify other reason _____ **(END)**

a. If family is unwilling to participate, specify primary reason:

BECAUSE OF TIME COMMITMENT.....1

OTHER.....99

i. Specify other reason _____

END OF FORM