Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 80: Final Status
Version: C - 10/05/2012

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

A2. Subject's Last Study Visit:

A3. Date Form Completed: *MM/DD/YYYY*

SECTION B: FINAL STATUS

B1. What was the subject's final study status?

- Consented to Baseline Visit only
- Lost to follow-up
- Withdrew from Study
- Death
- Administrative decision
- Other

a. If **administrative decision** or **other**, specify:

b. Date Participation Terminated *MM/DD/YYYY*

SECTION C: LOST TO FOLLOW-UP

C1. For subject **lost to follow-up**, date of last contact with subject: *MM/DD/YYYY*

C2. Document follow-up efforts below (*minimum of 3 required*):

	Called subject	Called subject's designated contact	Emailed subject	Sent letter to subject	Sent certified letter to subject	Other
a. Select method of first attempt to follow-up:						

i. If Other, specify:

ii. Date of first attempt: *MM/DD/YYYY*

	Called subject	Called subject's designated contact	Emailed subject	Sent letter to subject	Sent certified letter to subject	Other
b. Select method of second attempt to follow-up:						

i. If Other, specify:

ii. Date of second attempt: *MM/DD/YYYY*

	Called subject	Called subject's designated contact	Emailed subject	Sent letter to subject	Sent certified letter to subject	Other
c. Select method of third attempt to follow-up:						

i. If Other, specify:

ii. Date of third attempt: *MM/DD/YYYY*

SECTION D: WITHDREW FROM STUDY

D1. For subject who **withdrew from study**, date withdrawn: *MM/DD/YYYY*

D2. Did subject request that samples be destroyed?

- Yes
- No

SECTION E: DEATH

E1. Date of death: *MM/DD/YYYY*

E2. Cause of death:

- Accident
- Acquired Immune Deficiency Syndrome (AIDS)
- Alzheimer's Disease
- Cancer
- Cardiac Disease
- Chronic Respiratory Disease
- Congenital Anomalies
- Diabetes
- Homicide
- Infant death due to prematurity
- Infection
- Influenza or Pneumonia
- Old age/Natural Causes
- Renal Disease
- Stroke
- Sudden Cardiac Death
- Sudden Infant Death Syndrome (SIDS)
- Suicide
- Unknown
- Other

a. If other, specify:

E3. Source of information (check all that apply):

a. Medical Record
b. Autopsy Report
c. Death Certificate
d. Relative
e. National Death Index
f. Other

i. If other, specify:

SECTION F: COMMENTS

F1. Additional comments: