BABY HUG FOLLOW-UP STUDY II

EXIT FORM

	: IDENTIFYING INFORMATION SUBJECT_ID Patient's ID Number: 2. Current Clinical contents and the contents are contents are contents and the contents are contents are contents are contents.	SITE_ID	
3. P	Patient's Letter Code: LETTER_CD		
4. D	Date of Form Submission: VISIT_DT Month Day	— — — Year	
PART II	I: END OF TREATMENT		
1. E A	and of Follow-up Participation Completed Follow-up Study II END_PARTIC	Yes Nonemark	
	IF YES, GO TO PART III. IF NO, ANSWER IIB 1-6 AND II.2		
B INACTIVE RELOCATIO WITHDRAW TRANSPLA DEATH OTHER	 Inactive follow-up status Permanent relocation to area with no BABY HUG Clinic Withdrew consent 	(1) (2 (1) (2 (1) (2 6. (1) (2 (1) (2 (1)* (2	2) 2) 2)
2. D	Date of last contact with family: Day		_
-	cipant had stem cell transplant, record the date started condit ant as the last contact date.	ioning for the	

ID Number

Visit

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1.	Chec	Checked for completeness and accuracy:						
	A.	Certification number:		CERT_NO				
	B.	Signature:		CERT_SIG				
	C.	General Comments:		GEN_CMNT				

ID Number

Visit