

**Baby hug Follow-up Study (BHFS)
EXIT FORM**

Form 012
Revision 1

Tue Sep 22 10:22:17 EDT 2015

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Visit Date: VISIT_DT

PART II: END OF TREATMENT

1. End of Follow-up Participation

A. Planned end of follow-up participation

If Yes, skip to Part III.

END_PARTICIPATION

B. Reason for study exit:

1. Inactive follow-up status
2. Permanent relocation to area with no BABY HUG Clinic
3. Withdrew consent
4. Death
5. Other condition requiring end of participation

INACTIVE
RELOCATION
WITHDRAW
DEATH
OTHER
OTHER_SP
LAST_CONTACT_DT

a. If Yes, specify:

2. Date of last contact with family:

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PART III: COORDINATION

1. Checked for completeness and accuracy:

- A. Certification number:
- B. Signature
- C. General Comments

CERT_NO
CERT_SIG
GEN_CMNT