

TWELVE-MONTH VISIT (52 WEEKS)

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: ^{ID}
2. Current Clinic: ^{SITE}
3. Patient's Letter Code: ^{INITS}
4. Visit: ^{VISIT} - ^{sequence #} ^{SEQNO}
5. Visit Start Date: - - ^{VIS_DT}
 Month Day Year

PART II: BLOOD SPECIMEN COLLECTION

1. Pitted Cell Count specimen collected and prepared within 1 hour of collection? (0.1 ml whole blood in EDTA + gluteraldehyde) ^{(1) N/D*} ^{SPC_PITC} ^{SPCPITND}

PART III: SPECIAL STUDIES

1. Liver (00 if not palpable) cm ^{LIVRCM} ^{(1) N/D*} ^{LIVRCMND}
2. A. O₂ saturation (pulse oxymetry) % ^{O2SAT} ^{(1) N/D*} ^{O2SATND}
- B. Second measurement % ^{O2SATSM} ^{(1) N/D*} ^{O2SATSNND}
- | | | Yes | No |
|---|---------------------|-----|------|
| 3. Was TCD (Form 46) performed? | ^{TCD} | (1) | (2)* |
| 4. Was Bayley's (Form 40) administered? | ^{BAYLEYS} | (1) | (2)* |
| 5. Was Vineland (Form 41) administered to parents? | ^{VINELAND} | (1) | (2)* |
| 6. Was Neurological Questionnaire (Form 43) administered? | ^{NRLGQUES} | (1) | (2)* |
| 7. Form 80 submitted? | ^{F80III8} | (1) | (2)* |

PART IV: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number:

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CERT_NO

B. Signature: _____ CERT_SIG

C. General Comments: GEN_CMNT

ID Number

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Visit Seq

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