

**MSH Patients' Follow-Up
Form 40 - Patient Enrollment**

Instructions

1. At AV01, complete Form 40 for every patient who was alive at the end of MSH trial, including those who were closed out by telephone and those who were not closed out.
2. Use the same Patient ID and Patient Namecode used in the MSH, even if the patient's name has changed, or if the patient has transfereed to another MSH clinic. If you have a question about the patient's ID or Namecode, call the Medical Coordinating Center at 410/435-4200.
3. Signed informed consent must be available in the patient's chart on site visit. Signing informed consent enrolls the patient in the MSH Patients' Follow-Up.
4. A MSH patient may be enrolled in the MSH Patients' Follow-Up by any certified MSH Clinical Center at any time by completing Form 40.

MSH PATIENTS' FOLLOW-UP PATIENT REGISTRATION	Clinic																			CLINIC									
	Patient ID																			ID									
	Namecode																			NAMECODE									
	Annual Visit																			AV									
	Visit Date																			VIS_DT									
1. Has patient died since January 1995?										Yes (1) No (2) <i>If NO, skip to Item 2.</i>										DEAD									
<i>If patient has died, review medical history including reproductive history, and all reportable events since MSH Close-Out. Complete Form 43 - Medical Review, and Form 50 - Patient Event.</i>										1A. Form 43 completed and submitted? Yes (1) No (2)										DEAD_F43									
										1B. Form 50 completed and submitted? Yes (1) No (2) <i>Skip to Item 3.</i>										DEAD_F50									
2. Has patient signed MSH Patients' Follow-Up Informed Consent?										Yes (1) No (2) <i>If YES, skip to Item 3.</i>										INF_CONS									
Why has patient not signed informed consent?										<i>(Answer each item).</i>																			
										2A. Patient cannot be located					Yes (1)	No (2)													IC_LOC
										2B. Has moved to area with no MSH Clinical Center					(1)	(2)													IC_NOCL
										2C. Difficulty with transportation					(1)	(2)													IC_TRSP
2D. Other										(1)	(2)									IC_OTH									
Attach documentation of efforts to locate and enroll the patient (see Manual of Operations Chapter 8):										2F. Number of pages attached												F40_PGS							
3. Checked for completeness and accuracy:										F40_SIGN																			
A. Signature:					F40_CERT																								
B. Certification number:					F40_CC_DT																								
C. Date:																													

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210, or by FAX transmission to 410/435-4232. Thank you.

4. MCC Use ONLY	A. AV01 Deceased (1) Alive /Active (2) Alive/Inactive (3) Vital Status Unk (4)	B. AV02 Deceased (1) Alive /Active (2) Alive/Inactive (3) Vital Status Unk (4)	C. AV03 Deceased (1) Alive /Active (2) Alive/Inactive (3) Vital Status Unk (4)	D. AV04 Deceased (1) Alive /Active (2) Alive/Inactive (3) Vital Status Unk (4)	E. AV05 Deceased (1) Alive /Active (2) Alive/Inactive (3) Vital Status Unk (4)
	F40_AV01	F40_AV02	F40_AV03	F40_AV04	F40_AV05

Patient ID										
Annual Visit										