

## OHTS II Contact Verification : CV

Coordinating Center Use Only Received ..... Logged..... Checked..... Entered.....
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Patient ID:    9

Date Completed:  /  /  19

mm                  dd                  yy

- Complete this form to document efforts to notify patient of transition to OHTS II.
- Send this form with the Transition Visit Status (TV) form if the patient is lost to follow-up.

Complete all that apply:

1. Date you spoke to patient about study findings via telephone: 25  
 /  /   
 mm                  dd                  yy
  
2. Date you sent a certified letter of study findings to patient: (Request a return receipt.) 31  
 /  /   
 mm                  dd                  yy
  
3. Date you sent a letter of study findings to patient: (Ask patient to contact you to verify letter has been 37  
 /  /  received by telephone or self-addressed postcard or letter  
 mm                  dd                  yy with self-addressed envelope.)
  
4. Date you informed patient about study findings at regularly scheduled appointment: 43  
 /  /   
 mm                  dd                  yy
  
5. Patient requested not to be contacted again: (Enter date of refusal) 49  
 /  /   
 mm                  dd                  yy
  - a.  1 Refusal by mail 55
  - b.  1 Refusal by telephone 56
  
6. Patient is lost to follow-up: (Complete a Transition Visit Status (TV) form and send with this CV form)
  - a.  1 Certified letter delivered, but no response from patient 57
  - b.  1 Certified letter to last known address, return receipt reports "undeliverable" 58
  - c.  1 Locator service report: Specify service used: \_\_\_\_\_ 59  
 1 Patient located     2 Patient not located     3 Patient located but no response 60

Coordinator Signature	<input type="text"/> <input type="text"/> <input type="text"/> Certification <span style="float: right;">61</span>
PI Signature	<input type="text"/> <input type="text"/> <input type="text"/> Certification <span style="float: right;">64</span>