OHTS II Transition Visit Status: TV

Coordinating Center use only
Rec'd .....
Log'd .....
Chk'd .....
Entr'd .....

Group: _____

Patient ID: SITE IDNUM NAMECODE 9

Date: FORMDATE = EXAMDATE 19
mm dd yy

Visit Window (Check one)

Semi-Annual: ☐ 066 mo. ☐ 078 mo. ☐ 090 mo. ☐ 102 mo. ☐ 114 mo. ☐ 126 mo. ☐ 138 mo. ☐ 150 mo.
Annual: ☐ 072 mo. ☐ 084 mo. ☐ 096 mo. ☐ 108 mo. ☐ 120 mo. ☐ 132 mo. ☐ 144 mo. ☐ 156 mo.
TVVISIT 25

Decision for OHTS II

1. Date consent for OHTS II signed: TVCONSDATE 28
mm dd yy

➢Send this TV form with the corresponding FV ☐1 CF ☐2 UN ☐3 CORRESFORM 34

Enter corresponding form date: CORRESDATE 35
mm dd yy

2. Date decline for OHTS II completed: TVDECLDATE 41
mm dd yy

Would the patient like to receive the following? ☐1 Study Results RESULTS ☐1 Patient Newsletter PTNEWS 47

➢Complete a Decline to Participate (DC) form and mail with this TV form.
➢Patients who complete a Decline to Participate (DC) form may resume participation during OHTS II by signing an OHTS II consent form.

Other:

3. ☐1 Patient physically or mentally unable to participate UNABLE 49
➢Complete a Medical Withdrawal (MW) form and send with this TV form

4. ☐1 Patient deceased (not previously reported) DECEASED 50
➢Complete a Patient Death (DT) form and send with this TV form

5. ☐1 Patient incarcerated INCARCERATED 51

6. ☐1 Patient lost to Follow-Up LOST2FUP 52
➢Complete a Contact Verification (CV) form and send with this TV form

Form Completed By (PI or CC): TVBY 53

END01

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