

SWOG DECLARATION OF LOST TO FOLLOW-UP

Date: / /

SWOG Patient ID Patient Initials _____ (L, F M)

SWOG Study Numbers: _____

Follow-up Institution Number: _____ Institution Name: _____

Follow-up Investigator Number: _____ Investigator Name: _____

Instructions: For pre-Rave studies **only**, please complete and submit this form to the SWOG Data Operations Center: SWOGLostFollowup@crab.org. For studies utilizing Rave, the request must be made using the 'Add Event' tool on the subject summary page. You will be notified if there are any problems with your request. Please refer to Policy #30 for details of the requirements.

CRITERIA FOR LOST-TO-FOLLOW-UP STATUS

1. Has it been at least 2 years since the last patient contact: Yes (if the answer is No, your patient is not eligible - please do not submit)

Date of last contact: / /

2. Please document attempts to contact patient (either 3 phone calls or a certified letter which was either returned "addressee unknown", or did not receive a reply):

Phone calls - please list dates: 1: / /
 2: / /
 3: / /

Certified letter: Returned
 No response

I verify that the above information is correct, and that all attempts to contact this patient have failed.

 Signature of Principal Investigator / /
Date

 Name of Person Filling Out Form _____
 Email

SWOG DATA OPERATIONS CENTER USE ONLY

Patient accepted as Lost to Follow-Up. The reviewer's electronic signature here confirms they have met the above criteria.	Reviewer Electronic Signature: _____
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Patient NOT accepted as Lost to Follow-Up. The reviewer's electronic signature here confirms they have NOT met the above criteria.	Reviewer Electronic Signature: _____
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