

TLC Trial Form V1LOG.03 Participant Tracking Form

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	V 1

INSTRUCTIONS: This form is to be filled out at Pre-Randomization Visit 1 (V1) after Stage I Informed Consent has been obtained. The personal information on this form is for **Clinical Center use only** and is not to be released to personnel outside this Clinical Center. If Stage I Informed Consent is not obtained, or if the child is not eligible for enrollment in the TLC Trial on the basis on medical history or physical exam, please fill out the Administrative Matters section of the form **only**.

I am going to ask you for some information which will help us keep in contact with you over the next few years. We want to have this information on file so that we will know how to get in touch with you to see how <insert child's name> is doing, even if you move. The information you give me will **only** be used to try to contact you later on for clinic visits. None of this information will be given to anyone outside this clinic.

WORK PLACE

If you work outside your home, please tell me where you work and the phone number.

Name _____ (_____) _____ - _____
Company Name Telephone

Address _____
Street address

_____ City State Zip

PHARMACY

Please tell me the name, address, and phone number for the pharmacy or drug store you usually use to fill prescriptions for <insert child's name>.

Name _____ (_____) _____ - _____
Pharmacy Name Telephone

Address _____
Street address

_____ City State Zip

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TLC SUBJECT'S BIOLOGICAL MOTHER

If you are not <insert child's name>'s **biological mother**, please tell me her name, date of birth, address, and phone number, if you have this information.

Full Name _____
Last *First* *Middle*

Address _____
(if different from child's) *Street address* *Apartment*

City *State* *Zip*

Telephone (_____) _____ - _____ **Workplace Telephone** (_____) _____ - _____

Is she involved in <insert child's name> care? () No () Yes

TLC SUBJECT'S BIOLOGICAL FATHER

If you are not <insert child's name>'s **biological father**, please tell me his name, date of birth, address, and phone number, if you have this information.

Full Name _____
Last *First* *Middle*

Address _____
(if different from child's) *Street address* *Apartment*

City *State* *Zip*

Telephone (_____) _____ - _____ **Workplace Telephone** (_____) _____ - _____

Is he involved in <insert child's name> care? () No () Yes

OTHER CONTACTS

Please give me the names and addresses of two other people, besides you and <insert child's name>, who would be likely to keep in touch with you over the next few years.

CONTACT #1

Full Name _____
Last *First* *Middle*

Address _____
Street address *Apartment*

City *State* *Zip*

Telephone (_____) _____ - _____ **Relationship** _____

Keep at:
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CONTACT #2

Full Name _____
Last *First* *Middle*

Address _____
Street address *Apartment*

City *State* *Zip*

Telephone (_____) _____ - _____ **Relationship** _____

ADMINISTRATIVE MATTERS

Date of Clinic Visit V1 _____ / _____ / _____ *mm/dd/yy*

TLC Staff _____ *Signature* _____ *TLC Code*

Eligibility status () Eligible () Not eligible, specify: _____

If eligible:
Date of Clinic Visit V2 _____ / _____ / _____ *mm/dd/yy* **Time** _____ : _____

Date of Home Visit H1 _____ / _____ / _____ *mm/dd/yy* **Time** _____ : _____

COMMENTS