

BIMONTHLY PHONECALL CRF

(Copy 1 – Local Site file – send to trial manager on completion)

Serial number: |_|_|_|_| Site: |_|_|_|_|

Patient Initials: |_|_|_| Subject Number(IMP): |_|_|_|_|

Phonecall T+2m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

Phonecall T+4m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

Phonecall T+6m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

(returns reminder)

Phonecall T+8m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

Phonecall T+10m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

Phonecall T+12m Date |_|_|/|_|_|/|_|_| Time |_|:|_|:|_| (24hr) Caller Initials |_|_|

Number of IMP initiations?	_ _	Number _ _ and dates (below) of GP/Hosp attendances	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Total days used?	_ _	Hosp name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Indications reminder <input type="checkbox"/>	Diary card reminder <input type="checkbox"/>	GP name	_ _ / _ _ / _ _ , _ _ / _ _ / _ _ , _ _ / _ _ / _ _
Number of days school/childcare missed	_ _	Adverse Events: <input type="checkbox"/>	(if ticked complete SAE proforma)
Days taken off work (any carer)	_ _		
Other medications used	_ _		

(returns reminder)

IMP was helpful Y N

Parent Signature: _____ Print Name: _____ Date: |_|_|/|_|_|/|_|_|

Researcher Signature: _____ Print Name: _____ Date: |_|_|/|_|_|/|_|_|

I have reviewed all data in this CRF and verify that the contents are consistent with observations and source records.

PI Signature: _____ Print Name: _____ Date: |_|_|/|_|_|/|_|_|