

MEDICAL ATTENDANCE VERIFICATION (Copy 1 – Local File – <u>send to trial manager on completion</u>)					
Serial number:		Site:			
Patient Initials:		Subject Number(IMP):			
Phonecall T+2m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1	H/G				
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
Phonecall T+4m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1					
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
Phonecall T+6m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1					
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
Phonecall T+8m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1					
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
Phonecall T+10m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1					
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
Phonecall T+12m		Date	Time	Caller Initials	
		/ /	: (24hr)		
	Hosp/GP Name	Date (of admission)	(Date of Discharge)	Verified?	Comments (+ indicate H or GP)
Attendance 1					
Attendance 2					
Attendance 3					
Attendance 4					
Attendance 5					
Attendance 6					
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: / /	