

Protocol: _____ Med. _____ Visit _____ Date _____ Pt.Initials/# _____

Progress Notes:

YES NO *If "NO", provide details in comments below*

- Procedures completed per protocol?
- Visit routine and uneventful?
- Patient verbalizes understanding of next appointment /washout procedures?
- Next appointment, per protocol, given to pt: Date ___/___/___ Time: _____
- Is pt scheduled for procedures, or appointment with HCP before next visit?
*If yes: Date of appt. ___/___/___ with Dr. _____ for: _____
 Patient given interim report to show Dr. _____
- Patient has study wallet card and understands its use?
- Patient instructed to call PI/Coordinator if any problems?

Patient received reimbursement: yes no _____/_____/_____
Patient signature Date

Investigator present during visit? YES NO

If YES:

- Inv. answered pt's questions/concerns.
- Inv. reviewed visit findings w/coordinator.
- Inv. reviewed labs from previous/current visit.

If NO:

- Inv. spoke with pt over the phone.
- Inv. reviewed visit findings w/ coordinator during the course of the day.
- Inv. to review visit findings/labs w/ coordinator after visit.

Comments: _____

Coordinator Signature: _____ **Date:** ___/___/___

Investigator Comments: _____

YES NO

- Any pending significant issues or abnormal labs?: _____

I have reviewed the source documents for this visit. The information accurately reflects results of the patient interview, medical examination and laboratory tests performed on this visit.

_____/_____/_____
Investigator Date