

RESEARCH ENCOUNTER NOTIFICATION FORM
ON-GOING FOLLOW UP

This form must be faxed to the Center for Advanced Medicine 5 business days prior to the scheduled follow up visit, or within 24 hours of an unscheduled visit. Fax #: 587-4630

Date of Follow Up Service: _____

Subject Name: _____ Subject Study #: _____

DOB: _____ SSN: _____ Medical Record Number: _____

Research Study #: _____ Study Title: _____

Physician Providing Services: _____

Procedures for Study Time Point: _____ (Example: 2 wks, 1 mo, 2 yrs., unscheduled time point, etc.)

≤ In-Patient Procedures ≤ Out-Patient Procedures

(Page #2 – Research Subject Encounter Notification Form must be completed in detail.)

- All Procedures for this time point have been scheduled/completed
- Partial Procedures for this time point have been scheduled/completed: (See comments.)
- Unscheduled extra procedures related to protocol: (See comments.)
- Unscheduled procedures related to Research Related Injury or SAE that is considered related/possibly related to study: (See comments.)

Comments: _____

Printed Name of Person Authorizing Services

Signature

Date