

## CSF Collection Follow-Up Phone Call

**Instructions:** To be completed by qualified medical professional within 72 hours (3 days) of CSF sample collection. Site should attempt to reach the participant at least once per day, for a minimum of 3 days, after the CSF draw.

\*Name of Site: \_\_\_\_\_

\*Type of Visit: \_\_\_\_\_

e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months.

\*Date of Visit: \_\_\_\_\_

\*GUID: \_\_\_\_\_

\*Age of Subject (years and months): \_\_\_\_\_

Subject ID: \_\_\_\_\_

**1. Was contact made during this telephone call?**

- Yes**, and cooperated with further questions.
- Yes**, but refused to talk further.
- No**, phone disconnected.
- No**, multiple messages left on answering machine were not returned.
- Other**, please specify \_\_\_\_\_

**If contact was made (yes is checked in question #1), go to question 2. If not, stop here.**

**2. Has he/she experienced any unusual symptoms or medical problems since the CSF collection?**

- Yes**
- No**

**3. If yes is checked in question #2, describe symptoms here: (check all that apply)**

- Headache**
- Backache**
- Other**, please specify: \_\_\_\_\_

**4. Has there been a serious adverse event related to the CSF collection (e.g., death, any life-threatening adverse event; hospitalization, any persistent or significant disability or incapacity; outpatient medical intervention required)?**

- Yes**
- No**

**If yes is checked in question #4, the site coordinator must complete the Adverse Events form and forward to your IRB and the DMR within 72 hours of the site learning of the event.**

**5. If yes is checked in either question #3 or #4, please describe the event and what follow up was advised to the participant below:**