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: