

INSTRUCTIONS: Complete this form if the subject underwent a cardiac transplant prior to enrollment in the SVR II study.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study visit ELIGIBILITY EVENT.....55
- A4. Date of form completion _____ / _____ / _____
M M / D D / Y Y Y Y
- A5. Name of person completing form _____
PRINT FULL NAME INITIALS

Section B: CONSENT VERIFICATION

- B1. Date of transplant _____ / _____ / _____
M M / D D / Y Y Y Y
- B2. Did parent/legal guardian consent to post-cardiac transplant follow-up?
YES..... 1 NO..... 2 (END)
- B3. Date consent signed _____ / _____ / _____
M M / D D / Y Y Y Y

Complete R108 Primary Outcome Form Annually

END OF FORM