

Post-Intake Record Form

Record ID

Staff username:

Update Milestones

Was Study Status updated?

- Yes
- No

Please explain why not

Was Visit Status updated?

- Yes
- No

Please explain why not

Side Effects and AEs

Was there anything in Side Effect Tracking to report to the HCP/PI?

- Yes
- No

Date email was sent to HCP/PI

Time email was sent to HCP/PI

Ad Hoc AE

Was an Ad Hoc AE form completed?

- Yes
 No

Date email was sent to HCP/PI

Time email was sent to HCP/PI

T/A Appointment Doc

Date and Time that T/A Appointment Doc was Sent, if applicable:

Care Pack 1

Will you be sending Care Pack 1 to this PPT?

- Yes
 No

Make sure you have the following on hand:

- Lab mailing address sticker
- Tracking Label
- Packing tape
- Care Pack 1, assigned to [phone_screen_arm_1][prefname]

Upload a photo of sealed Care Pack 1. The recipient's and the lab's mailing address should be clearly visible.

Date that the Care Pack was Addressed to Recipient :

Tracking Number:

Solo Payment Card

Which of the following is true of this PPT?

- PPT was assigned to R T/A visits and payment card will be included in Care Pack 1.
 PPT agreed to pick up their payment card at IP T/A V1.
 PPT deemed ineligible at Intake.
 PPT requested that their payment card was sent to them before IP T/A 1.
 PPT withdrew after randomization to R or IP T/A visits, no payment card received.
 PPT, at Intake, agreed to pick up their payment card at T/A 1. However, after Intake, they changed their mind.

Calculation of R IN PPT deemed ineligible at Intake. 1 = True, 0 = False

If True, proceed with the Solo Payment Card section. If False, do not proceed - check your answer to the previous question.

Deemed ineligible at Intake: [pirf_intake_elig_calc]

Calculation of R IN PPT who requested that their payment card was sent to them before T/A 1. 1=True, 0=False

Calculation of R IN PPT who has withdrawn, no payment card received

If True, proceed with the Solo Payment Card section. If False, do not proceed - check your answer to the previous question.

Withdrew post-randomization #2, no payment card received: [pirf_ppt_withdraw_calc]

Calculation of R IN PPT who, at Intake, agreed to pick up their payment card at T/A 1. 1 = True, 0 = False

Will you be mailing a solo payment card to this PPT?

- Yes
 No

Make sure you have the following on hand:

- Lab mailing address sticker
- Stamp
- White envelope
- Payment Card, assigned to [phone_screen_arm_1][prefname]

For the locations of each of the following, please see the Payment Card & Care Pack SOP.

Upload a photo of the payment card assigned to [phone_screen_arm_1][prefname]. Their record id [record_id] and the date should be clearly visible.

Upload a photo of the closed white envelope. All of the following must be clearly visible:

- In the middle - the recipient's mailing address
- In the top left - lab mailing address
- In the top right - stamp

Date that the Payment Card envelope was Addressed to Recipient:
