**Subject Initials \_\_ \_\_ \_\_ Subject ID \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_**

# Telephone Contact

*□ Telephone contact not performed*

*If Telephone contact not performed, complete the Subject Deviation form*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date of Contact Attempt | | | Time | Attempt Made By  (initials) | Contact Occurred | Outcome |
| Month (MO) | Day (DD) | Year (YYYY) |
| Contact Attempt #1 |  |  |  | *□*1 AM  *□*2 PM |  | *□* Yes *□* No | *□* No answer  *□* Left Voice message  *□* Left Message  w/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Line Busy  *□* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Attempt #2 |  |  |  | *□*1 AM  *□*2 PM |  | *□* Yes *□* No | *□* No answer  *□* Left Voice message  *□* Left Message  w/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Line Busy  *□* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Attempt #3 |  |  |  | *□*1 AM  *□*2 PM |  | *□* Yes *□* No | *□* No answer  *□* Left Voice message  *□* Left Message  w/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Line Busy  *□* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Attempt #4 |  |  |  | *□*1 AM  *□*2 PM |  | *□* Yes *□* No | *□* No answer  *□* Left Voice message  *□* Left Message  w/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Line Busy  *□* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Date Telephone Contact Completed: \_\_\_ \_\_\_** **/\_\_ \_\_ \_\_ / \_\_ \_\_**

Day Month Year

**Subject Initials \_\_ \_\_ \_\_ Subject ID \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_**

**Telephone Contact *(continued)***

**[INSERT TEXT AS REMINDERS TO RESEARCH STAFF]**

|  |  |  |
| --- | --- | --- |
| **QUESTION(S) TO BE ASKED** | Form No. |  |
| Since your last study contact, have you had any changes in health status, medical conditions, or adverse events? |  | *□* Yes *□* No |
| Concomitant Medications Log completed *(if applicable)*? |  | *□* Yes *□* No *□* N/A |
| Adverse Event Tracking Log completed *(if applicable)*? |  | *□* Yes *□* No *□* N/A |
| Serious Adverse Event Tracking Log completed *(if applicable)*? |  | *□* Yes *□* No *□* N/A |
| Does the medical history form need to be updated? |  | *□* Yes *□* No *□* N/A |
| Were there any activities that deviated from the defined protocol? |  | *□* Yes *□* No |
| If yes, Deviation/Violation form completed *(if applicable)*? |  | *□* Yes *□* No *□* N/A |
| Subject payment confirmed *(if applicable)* |  | *□* Yes *□* No |
| OTHER QUESTION TO ASK*(if applicable)* |  | *□* Yes *□* No |

COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TELEPHONE CONTACT CONDUCTED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM COMPLETED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_