



## PVDOMICS STUDY

### Annual Follow-up - Form #187

**Instructions:** It is important to determine the vital status of each participant and a Form 187 should be completed for all participants unless already known to have expired. This form should be completed annually based on the participant's date of enrollment.

Most centers IRB's allow follow-up participation through Year 10, however, centers should follow their individual center's IRB guidelines.

**Participant Declines:** It is not intended that the coordinator asks the participant if they want to continue participating. If, during the course of talking with the participant, the participant says that they no longer want to participate, Q11a & b should be answered. Please try to obtain transplant information if possible, as this is one of the PVDOMICS study's outcomes.

Enter Form 187 as soon as possible so that the PID will not appear on a future listing.

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|--|--|--|--|--|--|

1. Identification Number

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|--|--|
|  |  |
|--|--|

2. Alphacode

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|--|--|--|--|--|--|--|--|--|--|
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3. Status Date: mm/dd/yyyy

4. a. Vital Status (0=Dead, 1=Alive, *skip to Q5a*, 9=Unknown, *skip to Q5a*).....

b. Date of death (mm/dd/yyyy)..... / /

c. Reported cause of death:

|                       | Cause(s) of Death                                            | MedDRA<br>Auto populated |
|-----------------------|--------------------------------------------------------------|--------------------------|
| 4c1. Primary Cause:   | (Note: A procedure code cannot be a primary cause of death.) |                          |
| 4c2. Secondary Cause: |                                                              |                          |

5. a. Did participant receive a transplant? (0=No, 1=Yes, 8=N/A-healthy control, 9=Unknown, skip to Q6) ....

b. If yes, date of transplant (mm/dd/yyyy) ..... / /

c. Type of transplant.....

1=Single lung only

5=Heart and lung

2=Double-lung

6=Other, specify: \_\_\_\_\_

3=Lung, unknown whether single or double

9=Unknown

4=Heart only

6. Comments: (*enter into database*).

|  |
|--|
|  |
|  |

7. How was status determined?.....

1=Spoke with participant

4=Local physician's office contacted

2=Spoke with participant's family member/friend

8=Other: specify: \_\_\_\_\_

3=Follow-up visit to clinical center

**COVID-19 Follow-Up Questions – Complete new Form 900 – COVID 19 to report vaccination status.**

8. Within the last 12 months, does the participant recall if they had been tested for COVID-19 nose/throat swabbed)? (0=No, 1=Yes, 9=Can't remember/unknown) .....

a. If yes, what was the outcome of any COVID-19 test(s)? .....

0=Negative, 1=Positive, 9=Can't remember/unknown

**Note:** a 'positive' test takes priority when reporting regardless if multiple tests were done within the last 12 months

9. Within the last 12 months, does the participant recall if they had a blood test for antibodies? (0=No, 1=Yes, 9=Can't remember/unknown) .....

a. If yes, what was the outcome of the test? .....

0=Negative, 1=Positive, 9=Can't remember/unknown

**Note:** a 'positive' test takes priority when reporting regardless if multiple tests were done within the last 12 months.

**COVID-19 VACCINATION INFORMATION – Must complete Form 900.**

10. Within the last 12 months, was participant contacted or identified as receiving a vaccination for COVID-19? .....  
(0=No, 1=Yes, provide information on Form 900, 9=Unknown)

**PARTICIPANT DECLINES FURTHER PARTICIPATION IN PVDOMICS – SKIP OVER IF NOT APPLICABLE.**

**Clinical Center Instructions:** Q11 allows each site to identify if the participant declines to further participate.

11. a. Date when participant declined to further participate in PVDOMICS ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Comments: please provide primary reason for declining, if known. Add other available comments regarding participant's status.

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

200. Date this form completed (mm/dd/yyyy)..... \_\_\_\_/\_\_\_\_/\_\_\_\_

201. Username of person completing/reviewing completeness of this form .....

**Clinical Center Use Only**

Date Form Entered (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Username of person entering this form \_\_\_\_\_