



PVDOMICS STUDY

Request for Extension of Study Procedures Form #410

Instructions: Form 410 is to be completed if you are requesting an extension of study tests/measurements for a participant beyond six weeks from the enrollment date on Form 100.

Identify date(s) tests/assessments done (Q3) for all of the forms listed below. If a test/measurement is not done, leave the date blank. Once this form is entered and saved in the database, an email notice will be sent from the database to individuals who will review this case for approval within 2 business days.

All additional forms, not specified below are also expected to be completed and entered in the database.

(Examples include, but are not limited to: F103, 104, 105, 106, 107, 110).

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode.

--	--	--	--	--	--	--	--

3. Date of extension request: mm/dd/yyyy

Date of Test/Measure (Q3)

210. DCC
Use Only

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| 4. Initial Enrollment Form (Form 100) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 5. Vital Signs (Form 120) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 6. Waist / Hip Circumference (Form 131) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 7. Height/Weight and BIA (Form 132) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 8. 6 Minute Walk (Form 133) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 9. Sleep Study Download and Transmit (Form 152) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 10. HRQOL SF-36 (Form 170) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 11. MLHF (Form 171) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 12. emPHasis-10 (Form 172) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 13. CBC w diff (Form 200) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 14. CMP (Form 201) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 15. ANA (Form 202) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 16. HIV (Form 203) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 17. Hepatitis Screen (Form 204) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 18. Prothrombin Time (Form 205) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 19. Pregnancy status (females, only; Form 206) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 20. ECG (Form 245) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 21. ECHO (Form 250) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 22. Cardiac MRI (Form 251) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |
| 23. Chest CT (Form 252 or 253) (mm/dd/yyyy) | ___ | ___ | ___ | ___ | ___ |

24. V/Q Scan Transmittal (Form 254) (mm/dd/yyyy)..... ____/____/____
25. PFTs (Form 270 or 271) (mm/dd/yyyy) ____/____/____
26. RHC (Form 280) (mm/dd/yyyy)..... ____/____/____
27. CPET (Form 290 or 291) (mm/dd/yyyy)..... ____/____/____
28. OMICS Blood Collection 1 draw (Form 300) (mm/dd/yyyy) ____/____/____
29. OMICS Blood Collection 2 draw (Form 304 or 307) (mm/dd/yyyy)..... ____/____/____

30. Please provide rationale for why an extension request is being made for this participant.

100. Username of center physician who reviewed this request*
(*This should be the center PI or Co-PI and have a Form 10 entered into the database.)
101. Anticipated completion date of all testing (mm/dd/yyyy) ____/____/____
200. Date 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 ____

For DCC Use Only: (Note: Healthy subjects (identified by id formatted like: xx9xxx) will not complete F280-RHC or F254-V/Q.)

210. Extension approval codes:

- 1=Extension granted
- 2=Extension not granted and participant must be dropped
- 3=Extension not granted but okay with missing data
- 4=Extension not granted but okay to drop and re-enroll
- 5=Extension granted if test done by specific date

211. Date of DCC decision..... ____/____/____

212. Date extended to ____/____/____