

BIRTH COHORT-3 MISSED VISIT FORMStudy ID **B** **3** _ _ _ _ _Patient Initials: _ _ _ _
Last FirstToday's date: _ _ _ _ / _ _ _ _ / _ _ _ _
day month year**Missed Visit Form****Study Visit Type:** _ _

1 = Routine visit (every 4 weeks)

2= 1 week postpartum visit

3= 6 week postpartum visit

*(Complete a missed visit form if it is more than 7 days from the day the participant was scheduled to be seen in the study clinic)***Study Drug Dose:**☐ Indicated (missed, women only) ☐ Not indicated**Date Visit was Scheduled to Occur:** _ _ _ _ / _ _ _ _ / _ _ _ _
day month year**Date Visit was Declared Missed:** _ _ _ _ / _ _ _ _ / _ _ _ _
day month year**Date Last Contact with Participant:** _ _ _ _ / _ _ _ _ / _ _ _ _
day month year

Completed by _ _ _ _ (initials)