

Protocol ID: _____

Study Subject ID: _____

Study Name: _____

Interviewer Name: _____

Site: _____

Interview Date: _____

Event Name: _____

Event Date: _____

NeoCLEAR Transfer / Discharge / Death Form - v1.0

Section Title: Section A

Instructions: Please complete this form each time the infant is transferred and when the infant is discharged or dies.

A1 What is the infant's date of birth? (dd-Mon-yyyy)

A2 What was the outcome for the infant:

- ☐ Transferred to another hospital
- ☐ Discharged home
- ☐ Died

A2.1 Date of discharge (dd-Mon-yyyy)

A2.1 What date was the infant transferred to another hospital? (dd-Mon-yyyy)

A2.2 Name of the hospital the infant transferred to:

A2.3 Has a transfer pack been sent to the receiving site?

- ☐ Yes
- ☐ No

A2.3.1 Why has a transfer pack not been sent?

A2.1 What date was the infant's date of death? (dd-Mon-yyyy)

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Section Title: Notes

Notes