

Study ID 	Page	1	of	1	Form Completed By: <i>(initials)</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">f04_frm_compinit</div>			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">f04_studyid</div> Date Form Completed	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		
	M	M	D	D	Y	Y	Y	Y
	f04_frm_datecomp							

1. What date was the patient formally enrolled in the study?

M	M	D	D	Y	Y	Y	Y

f04_subj_enrolldate

2. Indicate the version of the consent form used.

f04_consent_ver
 1 = "V1"
 2 = "V2"

☐

V1

☐

V2

3. Which team member conducted the consent?

f04_consent_by
 1 = "James Smith"
 2 = "Jennifer Jones"
 3 = "Priyanka Ramdi"

☐

James Smith

☐

Jennifer Jones

☐

Priyanka Ramdi

4. How was the subject recruited? *(check all)*

f04_subj_rec2
 As rec1



f04_subj_rec3
 As rec1


☐

CHF Clinic

☐

Physician Referral

☐

Direct Marketing

☐

Registry Mailer

f04_subj_rec4
 As rec1

f04_subj_rec1
 1 = Checked
 0 = Unchecked

Entered By <i>(initial)</i> : _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">f04_frm_entinit</div>	Date Entered	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>			
		M	M	D	D	Y	Y	Y	Y
f04_frm_entdate									
Verified By <i>(initial)</i> : _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">f04_frm_verinit</div>	Date Verified	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>			
		M	M	D	D	Y	Y	Y	Y
f04_frm_verdate									