

MSH Patients' Follow-Up
Form 50 - Patient Event

Instructions

1. The date the event(s) occurred or began should be recorded in the identifying information box. This date should fall in the Annual Visit window indicated in the identifying information box.
2. The items listed on the form are the reportable events for MSH patients. These include death (any cause), stroke, renal failure, hepatic failure, cancer, sepsis or other serious infection, birth of a child or termination of pregnancy. All events occurring concurrently should be reported together.
3. Attachments must be provided that adequately document the nature of the event. These may include doctor's notes, emergency room notes, progress notes, discharge summaries, psychologist's notes, laboratory slips, surgical reports, reports of diagnostic or therapeutic procedures, etc. Attachment pages completed on both sides are counted as two pages.

MSH PATIENTS' FOLLOW-UP PATIENT EVENT	Clinic	CLINIC									
	Patient ID	ED									
	Namecode	NAMECODE									
	Annual Visit Window	AV									
	Event Date	VIS-DT									

Report together on one Form 50 all of the following events occurring concurrently or as a direct consequence of each other. Report separate events, according to occurrence, on separate Form 50.

↳ EVT-DT (renamed in SAS files)

1. Event(s): (Answer each item)	DEAD STROKE REN FAIL HEP FAIL CANCER SEPSIS LIVE-BTH PRES TRM		Yes	No
		A. Death <input type="checkbox"/> 1 <input type="checkbox"/> 2 B. Stroke <input type="checkbox"/> 1 <input type="checkbox"/> 2 C. Renal failure <input type="checkbox"/> 1 <input type="checkbox"/> 2 D. Hepatic failure <input type="checkbox"/> 1 <input type="checkbox"/> 2 E. Cancer <input type="checkbox"/> 1 <input type="checkbox"/> 2 F. Sepsis or other serious infection <input type="checkbox"/> 1 <input type="checkbox"/> 2 G. Live birth <input type="checkbox"/> 1 <input type="checkbox"/> 2 H. Stillbirth/miscarriage/abortion <input type="checkbox"/> 1 <input type="checkbox"/> 2		
1A. If patient has died, date of death	DEATH-DT			
2. Attachments	F50-POS	Total pages of documentation or description attached		

3a. Signature:	F50-SIGN									
3b. Certification number:	F50-CERT									
3c. Date:	F50-DATE									

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID					
Annual Visit	A	V	0		