

MSH Patients' Follow Up -Extension 1
Form 46 - Offspring Review

Instructions

1. At AV06, complete all information cumulatively for children born during or after the MSH Patients' Follow-Up, i.e., for a 20-month old provide information for the neonatal, 6-month, 9-month, 12-month and 18-month reviews. At AV07, AV08, and AV09 update the same Form 46 for this child, i.e., complete information for ages attained since the last Annual Visit.
2. Neonatal abnormalities should be abstracted from the record of the neonatal examination. This information may be repeated or first reported on Form 51- Offspring Registration.
3. Milestones of development through early childhood, reportable events, or death are ascertained by obtaining the information from the pediatrician, using the screening forms attached, or questioning the patient (parent or guardian). However, any source of information confirming a reportable event, an abnormality in the child's development, or death can be reported on Form 52-Offspring event at any time.
4. If any neonatal or developmental abnormality or reportable event is reported, abstracted from the record of the neonatal examination, or confirmed by the medical record (pediatrician, hospital, etc), complete Form 52-Offspring Event Form. A reported abnormality is to be documented from the child's pediatrician or medical record. Doctor's notes, psychologist's notes, hospital discharge summaries, etc. documenting the event(s) are to be attached to Form 52 so the case can be reviewed centrally.

1. Neonatal review		B. Date of review		C. Neonatal abnormalities?		D. Cancer, leukemia or other neoplastic disorder		E. Stroke		F. Hepatic or renal failure		G. Sepsis or other serious infection		H. Death	
AV-NEO		DT-NEO		AB-NEO		CA-NEO		ST-NEO		HRF-NEO		INF-NEO		VTH-NEO	
A. A V		DT-NEO		AB-NEO		CA-NEO		ST-NEO		HRF-NEO		INF-NEO		VTH-NEO	
1. Neonatal review AV-NEO		B. Date of review DT-NEO		C. Neonatal abnormalities? AB-NEO		D. Cancer, leukemia or other neoplastic disorder CA-NEO		E. Stroke ST-NEO		F. Hepatic or renal failure HRF-NEO		G. Sepsis or other serious infection INF-NEO		H. Death VTH-NEO	
A. A V		DT-NEO		AB-NEO		CA-NEO		ST-NEO		HRF-NEO		INF-NEO		VTH-NEO	
2. 6 months AV-06M		DT-06M		C. Delays in developmental milestones in first 6 months of life (See 6-month attachment)? AB-06M		D. Cancer, leukemia or other neoplastic disorder CA-06M		E. Stroke ST-06M		F. Hepatic or renal failure HRF-06M		G. Sepsis or other serious infection INF-06M		H. Death VTH-06M	
A. A V		DT-06M		AB-06M		CA-06M		ST-06M		HRF-06M		INF-06M		VTH-06M	
3. 9-months AV-09M		DT-09M		C. Delays in developmental milestones by 9 months of life (See 9-month attachment)? AB-09M		D. Cancer, leukemia or other neoplastic disorder CA-09M		E. Stroke ST-09M		F. Hepatic or renal failure HRF-09M		G. Sepsis or other serious infection INF-09M		H. Death VTH-09M	
A. A V		DT-09M		AB-09M		CA-09M		ST-09M		HRF-09M		INF-09M		VTH-09M	

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4. 12 months A. <u> </u> <u> </u> <u> </u> AV-12M	DT-12M	C. Delays in developmental milestones by <u>12 months</u> of life (See 12-month attachment)? AB-12M If YES, complete Form 52-Offspring Event. Yes (1) Definitely No (2) Unknown (3)	D. Cancer, leukemia or other neoplastic disorder. CA-12M E. Stroke. ST-12M F. Hepatic or renal failure. HF-12M G. Sepsis or other serious infection. INF-12M H. Death. DTH-12M If YES to any of the above, complete Form 52. Yes (1) No (2)
5. 18 months A. <u> </u> <u> </u> <u> </u> AV-18M	DT-18M	C. Delays in developmental milestones by <u>18 months</u> of life (See 18-month attachment)? AB-18M If YES, complete Form 52-Offspring Event. Yes (1) Definitely No (2) Unknown (3)	D. Cancer, leukemia or other neoplastic disorder. CA-18M E. Stroke. ST-18M F. Hepatic or renal failure. HF-18M G. Sepsis or other serious infection. INF-18M H. Death. DTH-18M If YES to any of the above, complete Form 52. Yes (1) No (2)
6. 24 months A. <u> </u> <u> </u> <u> </u> AV-24M	DT-24M	C. Delays in developmental milestones by <u>24 months</u> of life (See 24-month attachment)? AB-24M If YES, complete Form 52-Offspring Event. Yes (1) Definitely No (2) Unknown (3)	D. Cancer, leukemia or other neoplastic disorder. CA-24M E. Stroke. ST-24M F. Hepatic or renal failure. HF-24M G. Sepsis or other serious infection. INF-24M H. Death. DTH-24M If YES to any of the above, complete Form 52. Yes (1) No (2)
7. 3 years A. <u> </u> <u> </u> <u> </u> AV-36M	DT-36M	C. Delays in developmental milestones by <u>36 months</u> of life (See 36-month attachment)? AB-36M If YES, complete Form 52-Offspring Event. Yes (1) Definitely No (2) Unknown (3)	D. Cancer, leukemia or other neoplastic disorder. CA-36M E. Stroke. ST-36M F. Hepatic or renal failure. HF-36M G. Sepsis or other serious infection. INF-36M H. Death. DTH-36M If YES to any of the above, complete Form 52. Yes (1) No (2)

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.