ECUSTEC Healthcare Contacts Form

TO BE COMPLETED FROM DIRECT INTERVIEW WITH THE PATIENT/PARENT AT EACH PROTOCOL-MANDATED VISIT, FOLLOWING THE INITIAL ADMISSION .

Trial Number: ☐☐☐☐☐ Date of Birth: __ __ __ / __ __ __ __ (mon/yyyy)

Part A: Visit Details

Date of trial mandated Visit: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Part B: Primary Care Visits

Has the patient been seen in primary care since their last trial mandated appointment?

☐ Yes ☐ No

If "Yes," please complete the section below:

Clinician	Location	If Yes, number of appointments
GP	GP Surgery Yes ☐ No ☐	Related to HUS* ☐☐ Total ☐☐
GP	Home Yes ☐ No ☐	Related to HUS* ☐☐ Total ☐☐
GP	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
GP	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
Nurse	GP Surgery Yes ☐ No ☐	Related to HUS* ☐☐ Total ☐☐
Nurse	Home Yes ☐ No ☐	Related to HUS* ☐☐ Total ☐☐
Nurse	Other, Yes ☐ No ☐ If yes, please specify:	Related to HUS* ☐☐ Total ☐☐
Nurse	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
Other clinician, please specify: ________________	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
Other clinician, please specify: ________________	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
Other clinician, please specify: ________________	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐
Other clinician, please specify: ________________	Other, Yes ☐ No ☐ If yes, please specify: ________________	Related to HUS* ☐☐ Total ☐☐

*If known

Trial Number: ☐☐☐☐☐	Date of Birth: __ __ __ / __ __ __ __ (mon/yyyy)

Part C: Outpatient Visits

Has the patient been seen in outpatients since their last trial mandated appointment?

☐ Yes ☐ No

If "Yes," please complete the section below:

Clinician			Reason for appointment			If Yes, number of appointments	
Doctor	☐ Yes	☐ No	New referral	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐
Doctor	☐ Yes	☐ No	Follow up	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐
Nurse	☐ Yes	☐ No	New referral	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐
Nurse	☐ Yes	☐ No	Follow up	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐
Other	☐ Yes	☐ No	New referral	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐
Other	☐ Yes	☐ No	Follow up	☐ Yes	☐ No	Related to HUS* ☐☐	Total ☐☐

*If known

Part D: A&E Visits

Has the patient been seen in A&E since their last trial mandated appointment?

☐ Yes ☐ No

If "Yes," please complete the section below for each visit:

Date of first A&E visit: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Following triage, who was the patient seen by?

Doctor ☐ Yes ☐ No Nurse ☐ Yes ☐ No

What was the primary reason for attending A&E? ______________________________

____

____

Was this episode related to the patient's HUS, if known? ☐ Yes ☐ No

Trial Number: ☐☐☐☐☐ Date of Birth: __ __ __ / __ __ __ __ (mon/yyyy)

Part D: A&E Visits

Date of second A&E visit: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Following triage, who was the patient seen by?

Doctor ☐ Yes ☐ No Nurse ☐ Yes ☐ No

What was the primary reason for attending A&E? ______________________________

____

____

Was this episode related to the patient's HUS, if known? ☐ Yes ☐ No

Part E: Hospital Admissions

Has the patient been admitted to hospital since their last trial mandated appointment?

☐ Yes ☐ No

If "Yes," please document the total number of admissions since last trial mandated appointment: ☐☐

Please document each hospital admission separately on the following page:

Trial Number: ☐☐☐☐☐	Date of Birth: __ __ __ / __ __ __ __ (mon/yyyy)

Part E: Hospital Admissions (continued)

1st Hospital Admission

Date of hospital admission: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Date of discharge from hospital: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Patient admitted from (please tick one): ☐ Home ☐ GP Practice ☐ A&E ☐ Outpatients ☐ Other, please specify: ____________

Type of admission (please tick one): ☐ Elective ☐ Emergency

Was this episode related to the patient's HUS*? ☐ Yes ☐ No
(*If known)

Location of Patient During Admission

(put "0" if patient did not stay on the relevant ward type, record stay episodes on separate lines)

General Ward (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
General Ward (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
PICU (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
PICU (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
HDU (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
HDU (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
Theatre Visit	No. of Visits ☐☐	Procedures (please specify): ____________	

Trial Number: ☐☐☐☐☐ Date of Birth: __ __ __ / __ __ __ __ (mon/yyyy)

Part E: Hospital Admissions (continued)

2nd Hospital Admission

Date of hospital admission: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Date of discharge from hospital: __ __ / __ __ __ / __ __ __ __ (dd/mon/yyyy)

Patient admitted from (please tick one): ☐ Home ☐ GP Practice ☐ A&E ☐ Outpatients ☐ Other, please specify: ____________

Type of admission (please tick one): ☐ Elective ☐ Emergency

Was this episode related to the patient's HUS*? ☐ Yes ☐ No
(*If known)

Location of Patient During Admission

(put "0" if patient did not stay on the relevant ward type, record stay episodes on separate lines)

General Ward (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
General Ward (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
PICU (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
PICU (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
HDU (Episode 1)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
HDU (Episode 2)	Days on ward ☐☐	Start Date: (dd/mon/yyyy)	Stop Date: (dd/mon/yyyy)
Theatre Visit	No. of Visits ☐☐	Procedures (please specify): ____________	

Part F: Form Completion

Completed by (name): ____________

Signed: ____________ Date Completed: (dd/mon/yyyy)

PI Name: ____________

PI Confirmation Signature: ____________ Date Completed: (dd/mon/yyyy)