

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:/		(mo	n/yyyy)
Part A: Visit Details							
Date of trial mandated Visit:/ / (dd/mon/yyyy)							
Part B: Primary Care Visit							
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	V	N	If Yes, number of	appointn		
GP	GP Surgery	Yes	No 🔲	Related to HUS*		Total	
GP	Home	Yes	No 🗌	Related to HUS*		Total	
GP	Other,	Yes	No 🗔	Related to HUS*		Total	
	If yes, please s	specify:					
GP	Other,	Yes	No 🖂	Related to HUS*		Total	
	If yes, please s	specify:					
Nurse	GP Surgery	Yes	No 🗌	Related to HUS*		Total	
Nurse	Home	Yes	No 🗌	Related to HUS*		Total	
Nurse	Other,	Yes	No 🗌	Related to HUS*		Total	
	If yes, please s	specify:					
Nurse	Other,	Yes	No 🔲	Related to HUS*		Total	
	If yes, please s	specify:					
Other clinician, please specify:	Other,	Yes	No 🔲	Related to HUS*		Total	
	If yes, please s	specify:					
Other clinician, please specify:	Other,	Yes	No 🗌	Related to HUS*		Total	
	If yes, please s	specify:					
Other clinician, please specify:	Other,	Yes	No 🔲	Related to HUS*		Total	
	If yes, please s	specify:					
		-					
Other clinician, please specify:	Other,	Yes	No 🗍	Related to HUS*		Total	
Other chimolan, picase specify.	If yes, please s						
	, 55, p.0000	· · · · · ·					

*If known

EudraCT number: 2016-000997-39	Confidential c	once complete	ed Please ar	nswer <u>all</u> the questions		
Trial Number:		Date	of Birth:	/ (mon/yyyy)		
	<u> </u>					
Dart C. Outnotiont Visite						
Part C: Outpatient Visits	nationta ainas thair last tris	l mandatad	annaintment?			
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 appointmen		If Yes, number of			
Doctor Yes No	New referral Yes	No	Related to HUS*	Total		
Doctor Yes No	Follow up Yes	No	Related to HUS*	Total 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 man	dated appoi	ntment?			
☐ 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	Ye	s No		
What was the primary reason for attending A&E?						

Was this episode related to the patient's HUS, if known?

Yes

Confidential once completed Please answer all the questions

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

Yes

No

Part E: Hospital Admissions

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

Please document each hospital admission separately on the following page:

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



Trial Number:			Date of Birth	n:	/	(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 (ple	ease tick one):		Home		GP Practice	
	Ī				Outpatients	
		Г	Other, please specify:			
Type of admission (pleas	e tick one):		Elective		Emergency	
·	Was this episode related to the patient's HUS*?					
(*If known)	a Admission					
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	ant ward	Start Date: (dd/mon/yyyy)		Stop Date: (ld/mon/yyyy)
General Ward (Episode 2)	Days on ward		Start Date: (dd/mon/yyyy)		Stop Date: (ld/mon/yyyy)
PICU (Episode 1)	Days on ward		Start Date: (dd/mon/yyyy)		Stop Date: (ld/mon/yyyy)
PICU (Episode 2)	Days on ward		Start Date: (dd/mon/yyyy)		Stop Date: (ld/mon/yyyy)
HDU (Episode 1)	Days on ward		Start Date: (dd/mon/yyyy)		Stop Date: (d	ld/mon/yyyy)
HDU (Episode 2)	Days on ward		Start Date: (dd/mon/yyyy)		Stop Date: (d	ld/mon/yyyy)
Theatre Visit	No. of Visits		Procedures (please specif	fy):	•	



Trial Number:	Date of Birth: / (mon/yyyy)						
Part E: Hospital Admissions (continued)							
2nd Hospital Admission							
Date of hospital admissio	n://	(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 (pleas	e tick one):	Elective	Emergency				
Was this episode related	to the natient's HTS*?	☐ Yes	☐ No				
(*If known)	to the patient 3 1100 :						
Location of Patient During	g Admission						
(put "0" if patient did not s	stay on the relevant ward	type, record stay episodes on se	parate 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	e:	Date (Completed: (dd/mon/yyyy)				