

PPMI

SIGNATURE FORM

1 3 2

6 6

SUBJECT ID [][][][]

VISIT NO [][][]

INITIALS [][][]

SITE NO [][][]

VISIT DATE [][]
MM

[][]
DD

[][][][]
YYYY

NOTE: a signature form is required for each expected study visit and telephone contact whether or not the visit or call was actually performed.

1.1 Visit Completion Status: (Include comment for any answer other than 1 or 7 under question 3, Comments.) 1.1 []
1 = Within visit window and conducted by investigator (or coordinator if telephone contact).
2 = Within visit window and not conducted by investigator.
3 = Not done (If visit not done enter the target visit date in the header).
4 = Out of visit window and conducted by investigator (or coordinator if telephone contact).
5 = Out of visit window and not conducted by investigator.
6 = Unscheduled Visit
7 = Other (specify) _____

1.2 Indicate why the subject missed the visit. 1.2 [][]
1 = Scheduling issue with the subject.
2 = Scheduling issue with the staff.
3 = Family/social issues with the subject.
4 = Subject did not return phone calls to schedule study visit.
5 = Travel Distance
6 = Medical Problems
7 = Military Duty
8 = Financial Issues
9 = Lost to Follow up (complete Conclusion of Study Participation form).
10 = Other: _____
11 = Institutionalized

1.3 Were all assessments for this visit completed? (0 = No, 1 = Yes) 1.3 []
If No (0), please note assessments not completed in question 3, Comments.

In addition to the assessments covered by the CRFs specific to this visit, the following tasks were completed at this visit when applicable:

2.1 Status of Concomitant Medication Log: (1 = Updated log at this visit, 2 = No data updates to log; log is not blank, 3 = Subject has not reported taking any concomitant medications; log is blank) 2.1 []

2.2 Status of Adverse Event Log: (1 = Updated log at this visit, 2 = No data updates to log; log is not blank, 3 = Subject has not reported any events; log is blank) 2.2 []

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2.10 Reviewed Current Medical Conditions Log information and made any necessary changes to the Current Medical Conditions Log: (1 = Updated log at this visit, 2 = No data updates to log; log is not blank, 3 = Subject has not reported any medical conditions; log is blank)

2.10 []

3. Comments:

I have reviewed the data entries for this visit and determined that they are complete, accurate, and consistent with source documents, if available. All entries were made by me, or by a person who is under my supervision.

[]

INVESTIGATOR'S SIGNATURE

[]

DATE

[][][][]

STAFF CODE