**MATRIX-001 Participant Contact Log**

**Protocol Version and Date**:\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_ PTID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete this log for any contact between site and participant outside of the scheduled visits.*

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Date & Time of Contact*  *mm/dd/yy* | *Type of Contact* | *Contact Initiated by* | *Purpose of/Reason for Contact* | *General Status of Subject* | *Required CRF(s) completed* |
| *\_\_\_/\_\_\_/\_\_\_*  *\_\_ \_\_ : \_\_ \_\_* | *❑ Telephone*  *❑ Mail*  *❑ Other:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *❑ Research Staff (initials)\_\_\_\_\_\_\_*  *❑ Study participant*  *❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *❑ AE reported*  *❑ New/changed ConMeds*  *❑ IP issue; specify in comments*  *❑ Notify participant of test results*  *❑ Other; specify in comments* | *❑ Continue routine f/u*  *❑ Requires interim visit*  *❑ N/A* | *❑ Yes*  *❑ No*  *❑ NA* |
| *Comments:*  *❑ See Progress Note Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |  |
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