

ANIMATE

Trial Number **A** **N** **M** –

Patient Initials

Follow Up Form (1/1) (for patients who did not receive nivolumab)

Month

Year

Disease status (at follow up months 3, 6, 9 and 12 post PET0, and annually thereafter)

Date of assessment (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Has the patient died?
If yes, please complete a death form

Yes No

Has the patient relapsed or progressed?
If yes, please complete a disease progression form

Yes No

Completed by:

CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log

Signature:

Date completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional instructions for completing forms

Follow Up Form (for patients who did not receive nivolumab)

This Follow Up Form is used for all patients who did not receive nivolumab treatment, after being confirmed as PET negative at trial entry.

Completing the form

- This form should be completed at months 3, 6, 9 and 12 post-PET0, and annually thereafter until the end of trial is declared.
- The form should be submitted to UCL CTC within 4 weeks of the patient being seen.

Specific Fields

- **Year** should reflect the number of years post PET0, e.g. for the patient's follow up visit 2 years after PET0, please enter "2".
- A quick reference guide to patients outlining what is required at each visit is included in the trial protocol as appendix 2, please consult for further clarification.

If you have any questions about how to complete this form please contact the **ANIMATE Trial Coordinator on:
020 7679 9860**