Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment **#12**

Case Conference form

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Attachment 12. Case Conference form

Case Conference Worksheet	Time Period for this Re	port						
Case Conference Date	From: Date		To: Date					
Clinic Name								
Clinic Name Clinic Site #			Cooperative Re-e	ngagement Controlle	d Trial (CoRECT)			
Out of Care List (OOC)			Cooperative Re-engagement Controlled Trial (CoRECT)					
Unique patient study ID	Date of last Lab/Visit	Type of Lab	VL Lab Results	CD4 Lab Result	Disposition	Comments	Deferred	Randomization
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					-			
					1			
					-			
		+	+		+	1		
	+	+	+	-	+	1	1	
	+	+	+	+	+	1	1	
	+	+	+	+	+		+	+
	+	+	+	+	+		+	+
	+	+	+	+	+	+	+	
					Totals for Case	Conference Dis	nositions	
Total # of Out of Care					Totals for Case	conference Dis	positions	
# Upcoming Visit	# Had recent visit		#Well patients		# Provider disc	retion		Other
			"men patients_		#110viuer disc			