## **Permanent Transfer Notification**

**Purpose:** To record a permanent transfer from the enrolling clinic to the adopting clinic.

When: Upon transferring from the enrolling clinic and first visit at the adopting clinic.

By whom: Clinic coordinator of each clinic (enrolling clinic: sections A-C; adopting clinic: sections D-E).

**Instruction:** For enrolling clinic: When patient notifies enrolling clinic of upcoming transfer, the enrolling clinic coordinator should: (1) complete Sections A-C of the Permanent Transfer Notification (TN Form), (2) send the TN form to the adopting clinic, with a copy of the most recent formset, (3) send the labels for photographs and specimens and a copy of the Baseline Visit formset to the adopting clinic, (4) fax a copy of the TN form to the CC (fax: (410-955-0932). For adopting clinic: When the patient comes to the adopting clinic, the adopting clinic coordinator should: (1) have patient sign the LSOCA consent form, (2) complete Sections D-E of the TN form, (3) complete the Visit Guide and send the TN form with the visit formset to CC (for all formsets use enrolling clinic ID code).

A. Enrolling clinic and patient identification	D. Adopting clinic, patient and visit identification
1. Clinic ID code:	13. Adopting clinic ID code:
<b>2.</b> Patient ID#:	<b>14.</b> Patient ID# (must be same as in Section A):
<b>3.</b> Patient name code:	<b>15.</b> Patient name code: (must be same as in Section A):
<b>4.</b> Date of notification of intent to transfer:	
	<b>16.</b> Date of first followup visit at adopting clinic:
B. Most recent followup visit information	day mon year
6. Date of last followup visit:	<b>17.</b> Visit ID code:
7. Visit ID code of last completed followup visit:  F  8. Has patient been diagnosed with an ocular opportunistic infection:  Yes  (1)  No (2)  9. Adopting clinic ID code:	<ul> <li>18. Did the patient (or legal representative) sign and date the consent form approved at adopting clinic site:  (Yes (No (1) (2))  If LSOCA consent form has not been signed, the patient is ineligible to be followed at the adopting clinic; skip to item 20.</li> <li>19. Date consent form signed and dated by patient (or legal representative) at adopting clinic:</li> </ul>
C. Enrolling clinic administrative information	day mon year
<b>10.</b> Date form reviewed:	E. Adopting clinic administrative information
	<b>20.</b> Date form reviewed:
day mon year  11. Clinic coordinator ID:	day mon year
	21. Clinic coordinator ID:
12. Clinic coordinator signature:	<b>22.</b> Clinic coordinator signature: