**Contact list for follow-up** **Study**: STEPCARE **Center:**

*At the ICU, please collect contact details of* *the patient and an alternative person (e.g. relative, friend). Another system may be used for collecting details.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient study number** | **Relation to patient** | **Name of patient and alternative person** | **Telephone** | **Email** | **Postal address** | **Notes** |
| *Example*  *LUN0001* | *NA* | *Patient* |  |  |  |  |
| *Sister* | *Alternative contact* |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |

STEPCARE, NCT05564754 **Page no:** **\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_**

Contact list for follow-up, Version 1.0, September 15th, 2023