**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.*

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