ANIMATE

Trial Number A N M – ☐☐☐ Patient Initials ☐☐☐

Annual Follow Up Form (1/1) (for patients who received nivolumab) Year ☐

Disease status

Date of assessment (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Has the patient died? ☐ Yes ☐ No
If yes, please complete a death form

Has the patient relapsed or progressed? ☐ Yes ☐ No

Has the patient started a new treatment for Hodgkin lymphoma? ☐ Yes ☐ No
If this is the patient's first treatment post–Nivolumab, please complete a new treatment form

Assessment for late toxicity of nivolumab

Date of assessment (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Has the patient experienced any late toxicity attributed to nivolumab? ☐ Yes ☐ No

If yes, please specify below, including any treatment:

Please continue to report AESI/SAEs later than 5 months post trial treatment if the event is considered to be a late effect of nivolumab (see protocol section 12.2.2 for guidance)

FOR UCL CTC USE ONLY:

SAE number: _____

Completed by:

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

Signature:

Date completed: D D M M Y Y Y Y

For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____

Additional instructions for completing forms

Annual Follow Up Form

The Annual Follow Up Form is used for all patients who received nivolumab treatment from the 2 year post-treatment visit onwards

Completing the form

- This form should be completed annually, starting at 2 years after post-treatment and then submitted annually thereafter until the end of trial is declared.
- The form should be submitted within 4 weeks of the patient being seen.
- Please continue to report AESI/SAEs later than 5 months post trial treatment if the event is considered to be a late effect of nivolumab (see protocol section 12.2.2 for guidance).

Specific Fields

- **Year** should reflect the number of years post-treatment, e.g. for the 2 years post-treatment follow up visit, 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