



**Complications of Age-related Macular Degeneration Prevention Trial  
ERROR CORRECTION FORM**

CAPT EC FORM (203.1)  
04/15/99, Page 1 of 1

*NOTE: This form should be completed whenever responses on completed and submitted data collection forms need to be changed. Use one Error Correction Form per patient per data collection form. Update the data form using standard CAPT data correction procedures in red ink. Send the original of this form to the Coordinating Center. Attach a copy of this form to the back of the data form being corrected and re-file.*

1. Visit Code: \_\_\_

2. Form Code: \_\_\_

3. Print name and certification number of clinic coordinator making correction:

\_\_\_\_\_ / \_\_\_\_\_  
Name Cert#

4. Date of correction:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**VISIT AND FORM CODES ARE FOUND  
IN A BOX AT THE BOTTOM OF  
THE FORM BEING CORRECTED**

**Changes to be made:**

	a. Page Number	b. Item Number	c. Old Value	d. New Value	e. Notes
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____

12. Other comments: \_\_\_\_\_

**Coord Ctr Use Only:** Initials \_\_\_\_\_  
Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Visit: _____ Form: EC	ID. No.: _____ - _____ - C Name Code: _____
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