

BHFU Disposition Form

ID NUMBER: D S P B DATE:07/21/2022 Version 1.0
ADMINISTRATIVE INFORMATION
0a. Completion Date: Ob. Staff ID: Ob. Staff ID:
Oc. Date tablet returned to clinic:
Instructions: Update this form to record any changes to study participation in the Brain Health Follow-up Study.
1. Date of disposition://
2. Disposition category:
□ A = Withdrew consent □ B = Participant lost to follow-up □ c = Death □ D = Discontinued study due to adverse event other than death □ E = Completed study
a. Date of death://
b. Cause of death:
c. Date of adverse event other than death:
3. Did the investigator review and sign off on the participant's disposition?
□y = Yes □n = No