HIFU Disposition Form

ID NUMBER: ________________________ FORM CODE: DSPH DATE: 08/11/2022

Administrative Information

0a. Completion Date: ______/_____/______ 0b. Staff ID: __________
(A Month Day Year)

0c. Date GrandPad device returned to clinic: ______/_____/______
(Month Day Year)

Instructions: Update this form to record any changes to study participation in the Hearing Intervention
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