



HIFU Disposition Form

ID NUMBER:

FORM CODE: DSPH

DATE:08/11/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: // 0b. Staff ID:
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