



BHFUS Disposition Form

ID
NUMBER:

FORM
CODE: DSPBS

DATE: 09/15/2025
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

Instructions: Update this form to record any changes to study participation in the surveillance follow-up data collection of 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