

BHFU Disposition Form

ID NUMBER: FORM CODE: D S P B DATE:07/21/2022 Version 1.0
ADMINISTRATIVE INFORMATION 0a. Completion Date:/
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?