



Study Withdrawal/Lost to Followup Form

CRISP -FORM # 19

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed if the participant has decided to drop out of the study.

1. Date of Last Follow-up Visit Attended: _____ / _____ / _____ **DVDATE**
Month Day Year
2. Is this participant lost to follow-up? (circle one): **LTFYN** yes no
3. If the participant has withdrawn, are the reasons for the participant's withdrawal known? (circle one): yes no
RWKYN

If yes, then please complete items 4-12.

4. The participant has moved to a location which is not near a CRISP Clinical Center (circle one): **MOVEYN** yes no
5. The participant's physician has asked him or her to withdraw from the study (circle one): **DOCTORYN** yes no
6. The participant is unwilling to have additional GFR measurements (circle one): **GFRYN** yes no
7. The participant is unwilling to have additional MRI sessions (circle one): **MRIYN** yes no
8. The participant is unwilling to have additional Ultrasound sessions (circle one): **USYN** yes no
9. The participant is unhappy about the frequency of the follow-up visits (circle one): **FREQYN** yes no
10. The participant has a new job or a new work situation which makes participation burdensome (circle one): yes no
NEWJOBYN
11. The participant has an illness or hospitalization of self or family (circle one): **ILLYN** yes no
12. Other (Please specify briefly): _____ **OTHER**

CRISP Member completing this form _____ **CMIDNUM** Date form completed: _____ / _____ / _____ **CDDATE**
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

ID of Data Entry Person _____ **DEIDNUM** Date Form Entered: _____ / _____ / _____ **DEDATE**
Month Day Year

Clinical Center: _____ **PCCN** _____
Participant ID: _____ **PKDID** _____
Visit Number: _____ **VISNUM** _____