

Study Withdrawal/Lost to Followup Form

Use Missing Codes to indicate reason for absent information.

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

CRISP -FORM # 19

3. If the participant has withdrawn, are the reasons for the participant's withdrawal known? (circle one):	This form is to be completed if the participant has decided to drop out of the study.		
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 If the participant has withdrawn, are the reasons for the participant's withdrawal known?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): wes 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 is unwilling to have additional GFR measurements (circle one): DOCTORYN yes no 6. The participant is unwilling to have additional MRI sessions (circle one): MRIYN yes no 7. The participant is unwilling to have additional Ultrasound sessions (circle one): USYN yes no 8. The participant is unwilling to have additional Ultrasound sessions (circle one): WENDYN yes no 10. The participant is unhappy about the frequency of the follow-up visits (circle one): FREQYN yes no 11. The participant has a new job or a new work situation which makes participation burdensome (circle one): yes no 12. Other (Please specify briefly): OTHER CRISP Member completing this form CMIDNUM Date form completed: Month Day Year CONTENT Reviewed by Principal Investigator (required signature): Date Principal Investigator signed: Month Day Year CONTENT Reviewed by Principal Investigator (required signature): Date Principal Investigator signed: Month Day Year CONTENT Please check to indicate that the above information has been entered Date Entry Status: Please check to indicate that the above information has been entered Date Form Entered: Month Day Year Clinical Center: DECON	1. Date of Last Follow-up Visit Attended:/		
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