

## MarkVCID2 CRF Package: Subject Final Disposition

Patient ID: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### **SUBJECT FINAL DISPOSITION**

Has the subject's participation in all study procedures ended?  No  Yes

*Please refer to the MarkVCID2 Manual of Operating Procedures for guidance regarding participant retention and scenarios requiring early termination.*

***If the subject's participation has ended***, please specify their final disposition:

**Subject completed the study (i.e., has completed the 36-month follow-up visit)**

**Subject did not satisfy eligibility criteria after consent**

Date subject was found to be ineligible: \_\_\_ / \_\_\_ / \_\_\_\_\_

Please specify reason subject was found ineligible: \_\_\_\_\_

Specify the subject's confirmed cognitive diagnosis, if assigned:

Normal cognition

Subjective cognitive decline (SCD)

Mild cognitive impairment (MCI)

Mild dementia

Moderate to Severe dementia

Confirmed cognitive diagnosis not assigned

Other diagnosis (specify): \_\_\_\_\_

**Subject lost to follow-up**

Date subject was last known to be alive: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Subject early terminated**

Date participation was terminated: \_\_\_ / \_\_\_ / \_\_\_\_\_

Participation terminated by:  Subject  Site investigator

Indicate primary reason for early termination:

Patient unable/unwilling to participate due to severe cognitive impairment

Patient unable/unwilling to participate due to incident stroke

Patient/family no longer willing to undergo study procedures

Patient unable to complete minimum required baseline study procedures

Other (specify): \_\_\_\_\_

If early terminated, has the subject indicated they do not want their data, samples, or imaging retained for future use in the study:  Yes  No

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Patient ID: \_\_\_\_\_

**If the subject's participation has ended, please specify their final disposition (continued)**

**Subject died**

Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Cause of/major contributor to death:

Progression of cognitive impairment

Stroke (specify below)

Type of stroke:

Ischemic

Intracerebral hemorrhage

Subarachnoid hemorrhage

Unknown

Other cardiovascular cause (specify): \_\_\_\_\_

Trauma/accident (specify): \_\_\_\_\_

Cancer (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

How was this information obtained (select all that apply):

Subject's family     Medical records     MarkVCID postmortem exam

Other (specify): \_\_\_\_\_

Was an autopsy performed?     Yes     No     Unknown

Has a copy of the autopsy report been obtained?     Yes     No

Based on the autopsy report, was the subject demented at time of death (clinical impression e.g. cognitive impairment)?     Yes     No

*If autopsy report obtained, copy and paste the autopsy report summary into the EDC*

**Other (specify):** \_\_\_\_\_

Date participation ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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