

Center No. [][][][]

Screening No [][][][]

Year of birth [][][][][]

Date of contact

[][][][][][][][][][]
(dd/mm/yyyy)

Status

patient alive

patient deceased

In case of death, date of death

[][][][][][][][][][]
(dd/mm/yyyy)

[][][][][][][][][][]
Date (dd/mm/yyyy)

Investigator's name (block letters)

Investigator's signature