

R4VaD Rates, Risks and Routes to Reduce Vascular Dementia

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Site-to-site transfer form v1.0

Please record all site-to-site transfers between R4VaD centres up to week 8.

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Section A: Site transfer details			
A1	Existing R4VaD centre		
A2	R4VaD centre to which participant has been transferred		
A3	Date of site transfer (<i>dd-mmm-yyyy</i>)	D ____ / M ____ / Y ____	
A4	Reason for transfer	<input type="checkbox"/> Repatriation <input type="checkbox"/> Other	<input type="checkbox"/> Not known
A5	Any comments, or explanation if 'other'		<input type="checkbox"/> Not applicable

Are any values missing due to tests not done (or measures not taken), or because data is unknown and every effort has been made to find the data - i.e. "Not done" / "Not known"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments If any values are missing, please provide a <u>full explanation</u>	

Centre number	C	Study number		Sex		Investigator	
Date of collection	d /m /y	Initials		Date of birth	d /m /y	Signature	