

**R4VaD**  
**Rates, Risks and Routes to Reduce Vascular**  
**Dementia**

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**Genetics substudy form v1.0**

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<b>Section A: Genetics substudy details</b>		
A1	Date posted	D ____ / M ____ / Y ____
A2	Details/comments	<input type="checkbox"/> Not applicable

Please check your entries thoroughly

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