

**INSTRUCTIONS:** This form should be completed and entered into the ADEPT system for a study participant who will not be completing an expected follow-up echocardiogram. The form should be entered into the last completed echo visit event in ADEPT.

**Section A: KEY IDENTIFYING INFORMATION**

- A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **REMOVED**  
BLIND\_ID
- A2. Acrostic Identifier \_\_\_\_\_ **REMOVED**
- A3. Last study visit completed LAST\_VIS BASELINE ..... 0  
 FOLLOW-UP VISIT 1 ..... 1  
 FOLLOW-UP VISIT 2 ..... 2  
 FOLLOW-UP VISIT 3 ..... 3
- A4. Date of study withdrawal \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **REMOVED**  
 M M / D D / Y Y Y Y AGE\_WITHDR\_D
- A5. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **REMOVED**  
 M M / D D / Y Y Y Y AGE\_COMP
- A6. Name of person completing form \_\_\_\_\_ **REMOVED**  
 PRINT FULL NAME INITIALS

**Section B: REASON FOR WITHDRAWAL**

- B1. Primary indication for withdrawal WITHDR\_R
- FAMILY WITHDREW PATIENT FROM STUDY ..... 1 (END)
  - PHYSICIAN WITHDREW PATIENT ..... 2 (END)
  - PATIENT LOST TO FOLLOW-UP ..... 3 (END)
  - PATIENT DEATH..... 4 (END)
  - PATIENT HAD HEART TRANSPLANT ..... 5 (END)
  - PATIENT RECEIVED ONE OR MORE OF THE FOLLOWING INTERVENTIONS SINCE THE LAST STUDY ECHOCARDIOGRAM:  
 ECMO, LVAD, BiVAD, LV REDUCTION SURGERY ..... 6 (B2)
  - OTHER ..... 99
  - a. Specify OTHER \_\_\_\_\_ (END)  
WITHDR\_S

B2. Interventions since the baseline echocardiogram		YES	NO	1. If YES, date of intervention
a. ECMO	WECMO	1	2	____ / ____ / ____ M M D D Y Y Y Y REMOVED AGE_WECMO_D
b. LVAD	WLAD	1	2	____ / ____ / ____ M M D D Y Y Y Y REMOVED AGE_WLAD_D
c. BiVAD	WBIVAD	1	2	____ / ____ / ____ M M D D Y Y Y Y REMOVED AGE_WBIVAD_D
d. LV Reduction Surgery	WLVRED	1	2	____ / ____ / ____ M M D D Y Y Y Y REMOVED AGE_WLVRED_D