

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____
Removed to protect privacy

A3. Study visit

BASELINE.....	0
VISIT 1	1
VISIT 2	2
VISIT 3	3
VISIT 4	4

A4. Date of form completion _____ / _____ / _____
M M / D D / Y Y Y Y

Replaced by age (days) at R101 completion

R101_age	A4. <created var>Age at date of form completion, days
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A5. Name of person completing form _____
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: CONSENT VERIFICATION

B1. Did parent consent to DNA testing for Apo E? YES..... 1 NO2

Complete R330

APOE	B1. Did parent consent to DNA testing for APOE
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B2. Did parent consent to evaluation by Geneticist? YES..... 1 NO2

Complete R106

GENETIC	B2. Did parent consent to evaluation by Geneticist?
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