

Drop Out Form Cervical Artery Dissection in Stroke Study

Centre name Investigator
Patient identification number Patient's initials.....

Date of drop out (dd/mm/yy)

Reason for drop out:

(1) Patient refuses to continue study Yes No

If Yes, why?

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(2) Patient has died Yes No

Please state cause of death (please send a copy of death certificate)

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(3) Others Yes No

Please state the reason why?

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***Please fax or send to CADISS central office:**

Centre of Clinical Neuroscience, St George's, University of London, Cranmer Terrace, London, SW17 0RE Fax: 020 8725 2950