

Protocol: CHD Brain and Genes

Visit: ND Protocol Visit

Site ID: |\_|\_|\_| (XXX)

Blind ID: 1 - |\_|\_|\_|\_|\_|\_| (1-XXXXX)

## Brain MRI

**Was a Brain MRI done?**       Done     Not Done

If "Not Done", please provide clarification as to why: \_\_\_\_\_

**Was a pregnancy test done?**     Yes     No     N/A (Male OR Not of Childbearing Potential)

If "Yes", result:             Negative     Positive

**Date of MRI:**            |\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
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