

SCREENING SUMMARY

Is the participant deceased? Yes No Unknown

If the participant is known to be deceased, prior to ANY medical records review, mark "Yes" then STOP; do not complete the remainder of this form

Was the participant deemed ineligible based on medical records review? Yes No

If "Yes", STOP. Do not complete the remainder of this form

Was a recruitment letter sent? Yes No

Was recruitment contact made to determine interest in study participation? Yes No, deceased or unable to contact participant; no further recruitment action

If Yes, Date that the determination of interest in study participation was made:

|__|__| - |__|__| - |__|__|__|__|
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Will the participant proceed in the study? Yes No

If No, please select reason (choose all that apply):

- Not interested because of time commitment
- Not interested - unwilling to participate in research study
- Not interested - does not want ND testing
- Not interested because of travel required to recruiting center
- Not interested - does not want to enroll at a different recruiting center from CHD GENES
- Not interested - no reason given
- Not eligible as a result of screening
- Other (brief explanation required): _____

If Yes, Scheduled Study Visit Date:

|__|__| - |__|__| - |__|__|__|__|
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