

PPMI

SUBJECT CONTINUATION

1	3	2
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8	2
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SUBJECT ID

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VISIT NO

V	1	2
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INITIALS

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SITE NO

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VISIT DATE

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MM

DD

YYYY

A. Did subject agree to continue in PPMI beyond visit 12 (month 60)?
(0 = No, 1 = Yes)

A.

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2. First extended visit (post V12):

2.

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3. Date informed consent signed to continue post V12:

3.

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MM

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DD

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YYYY