

Center Number: _____ Participant Number: _____ Participant's Initials:
first middle last

Completion/Early Discontinuation

1 Date of study completion or early discontinuation of study: ____/____/____
day month year

2 Did the participant complete the study through Month 24?

No → If No: Date of last contact: ____/____/____
day month year

Indicate the primary reason for discontinuation (check only one):

Consent withdrawn

Lost to follow-up

Adverse event → Complete Signs, Symptoms and Adverse Events Log

• If serious adverse event, complete Serious Adverse Event (SAE) form

Death → Date of death: ____/____/____
day month year

• Complete Signs, Symptoms and Adverse Events Log

• Complete Serious Adverse Events form

• Report cause of death as a Serious Adverse Event

Other (specify): _____

Yes