

## Section A: General Study Information for Office Use Only:

A1. Study ID#:  LabelA2. Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

A3. Initials of Person Completing this Form: \_\_\_\_ A4. Patient's Last Study Visit: \_\_\_\_

## SECTION B: FINAL STUDY STATUS

- B1. What was the patient's final study status?
- |                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| Completed study.....           | 1 | →Skip to B5                       |
| Rescreened under a new ID..... | 2 | →Skip to B5                       |
| Lost to follow-up.....         | 3 | →Skip to B2                       |
| Withdrew consent.....          | 4 | →Skip to B3                       |
| Administrative decision.....   | 5 | →Skip to B1a                      |
| Death.....                     | 6 | →Skip to B5 & Complete Death Form |
| Other.....                     | 7 | ↓                                 |

B1a. Specify **administrative decision** or **other**: \_\_\_\_\_ →Skip to B4B2. For patient **lost to follow-up**, date last study data collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

B2a. Document follow-up efforts below:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

→Skip to B5

B3. For patient who **withdrew consent**, date consent withdrawn: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day YearB3a. Date last study data collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ →Skip to B5  
Month Day YearB4. For **administrative decision** or **other**, date last study data collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ →Skip to B5  
Month Day YearB5. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE

*I have reviewed and agree with the above-stated information.*Principal Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year