

(Research Coordinator completed when patient stops taking the study medication AND at the week 24 visit.)

- 1.** Which stop point does the clinic staff feel the patient has reached? **(Check only one)**

- ☐\_1 Completed the study and will NOT continue in post-treatment follow-up period.

☐\_2 Completed the study and WILL CONTINUE in post-treatment follow-up period (receiving masked study drug).  
(Do not complete question #2 or #3 on this form.)

☐\_3 Use of unacceptable concomitant medication and recorded on Medication Diary Record (DIARYREC) as MED # \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Please specify: \_\_\_\_\_

☐\_4 Positive pregnancy test (Indicate date of test): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

☐\_5 Two consecutive abnormal LFT tests (2.5 x ULN) OR two consecutive blood coagulation tests outside the institution's limits of normal as defined in the protocol.  
(Indicate date of tests below) (Must be recorded on Lab Results form)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year      month day year

☐\_6 Adverse event as determined by P.I.  
and recorded on AE/SAE form as AE # \_\_\_\_

Date of Onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Please specify: \_\_\_\_\_

☐\_7 Transfer to another clinical site (complete Patient Transfer form)

☐\_8 Patient dissatisfied with treatment  
Please specify: \_\_\_\_\_

☐\_9 Patient no longer interested in participating (for reasons other than treatment)  
Please specify reason: \_\_\_\_\_

☐\_10 Other  
Please specify reason: \_\_\_\_\_

- 2.** Date patient received final dose of white study medication: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year
- 3.** Date patient received final dose of green study medication: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year