

Site Number: _____ Screening ID: _____ - ____ First 3 Letters of First Name: _____

Complete this form to document the end of study participation for each enrolled subject that has not been previously withdrawn. The form should be completed to document either:

- 1) The completion of the final study close-out visit or**
- 2) The date of last contact for participants who do not attend the final study close-out visit**

A. END OF STUDY INFORMATION

1. Did the subject attend the final study close-out visit? Y N

IF YES,

a. Date of study close-out visit: _____ / _____ / _____
MM DD YYYY

IF NO,

b. Date of final contact: _____ / _____ / _____
MM DD YYYY

c. Indicate form of contact: (check one):

₁ Telephone ₂ E-mail ₃ In-person ₉ Other

1. IF OTHER, specify: _____

B. PARTICIPANT SUMMARY REPORT

1. Has the subject's Participant Summary Report been provided? Y N

IF YES,

a. Date report was provided: _____ / _____ / _____
MM DD YYYY

Initials (first, middle, last) of person completing this form: _____
F M L

Date form completed: _____ / _____ / _____
MM DD YYYY

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*