

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

Complete this form to record the details of the contact that occurred with the study subject regarding the end of the treatment period. This form must be completed for all subjects still within the 2-year treatment period and still taking study medication.

A. CONTACT INFORMATION

1. Date of contact: _____ / _____ / _____
MM DD YYYY

2. Form of contact: *(check one)*

₁ Phone ₂ E-mail ₃ In-person

B. UPCOMING STUDY VISITS

1. Does the subject have a study visit scheduled? _____ Y N

IF YES,

a. Date of planned visit: _____ / _____ / _____
MM DD YYYY

IMPORTANT REMINDERS:

- 1) Instruct the subject to **stop taking study medication immediately**. Send a pre-paid FedEx shipping label to the subject to allow the remaining study medication to be shipped back to the clinical site.
- 2) Complete the **Medication Withdrawal Form (MMF08W)** to document that study medication has been stopped. The effective date of withdrawal should be the date the last dose was taken.
- 3) Confirm the next scheduled follow-up visit appointment with the subject.

Signature of Principal Investigator: _____

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).*