

Section A: General Study Information for Office Use Only:

A1. Study ID#: Label

A2. 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 B4

B2. 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 For patient who **withdrew consent**, date consent withdrawn: ___/___/___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 Year

B3a. Date last study data collected: ___/___/___ →Skip to B5
Month Day Year

B4. For **administrative decision** or **other**, date last study data collected: ___/___/___ →Skip to B5
Month Day Year

B5. 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