



**CAMUS Clinical Trial**  
**Permanent Discontinuation of Study Medication Form (CAM52)**

A. Report Date

		/			/				
mm			dd			yyyy			
VisMo			VisDy			VisYr			

B. Participant ID

				S			
ParticipantId							

C. Page Number

1
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D. Staff ID

Staff_ID	

*Complete this form when a participant has discontinued CAMUS study medication permanently*

1. Date of last dose of study medication:

		/			/				
mm			dd			yyyy			
CM52_LstDoseMo			CM52_LstDoseDy			CM52_LstDoseYr			

2. Reason for treatment discontinuation (check one):

- Diagnosis of prostate cancer
- Unacceptable treatment toxicity
- Crossover to any open-label therapy for BPH
- Crossover of any invasive therapy for BPH
- Noncompliance CM52\_Trtdiscont
- Investigator decision
- Diagnosis of bladder cancer
- Anticoagulant Therapy CM52\_OtherSpecify
- Other, specify: \_\_\_\_\_

3. Will the participant continue follow-up visits?

Yes CM52\_ContFup

No