

DAC Study Form 335 - Temporary Discontinuation of Therapy

This Form should be completed by a study coordinator when a patient discontinues and restarts therapy for either study. This form must be completed to document any time that a patient's medications are stopped prior to surgery.

1. Patient Identification Number _ _ _ _ _
2. Name Code..... _ _ _ _ _
3. Date of discontinuation _ _ / _ _ / _ _ _ _

Note: If the drug has not yet been started and must be temporarily discontinued, enter the randomization date as the "date of the discontinuation".

4. a. Date study therapy restarted (at any dose) _ _ / _ _ / _ _ _ _

Note: If the therapy is not restarted yet, leave this date blank and fill it in later. You will get weekly e-mail reminders that this information needs to be added.

- b. If the study therapy will never be re-started, give reason..... _
1 = permanently discontinued (file form 336)
2 = patient died (file forms 371 & 372)
3 = patient lost to follow-up (file form 338)

5. Was this associated with a hospitalization? (0 = no, 1 = yes) _

6. If yes, what was the admission date of that hospitalization? _ _ / _ _ / _ _ _ _

7. Was the patient instructed to discontinue therapy by a health care provider?..... _
(0 = no, 1 = yes)

8. Was this temporary stop primarily due to a planned surgery, a patient medical condition, a possible side effect or a logistic problem? _

- 1 = required discontinuation prior to surgery or medical procedure/test
- 2 = medical condition
- 3 = possible side effect
- 4 = logistic problem

9. Describe briefly what happened.

201. Date this form completed..... _ _ / _ _ / _ _ _ _

202. User ID of person completing this form _ _ _ _ _

Clinical Center Use Only

Date Form Entered _ _ / _ _ / _ _ _ _

Person Entering this Form _____