Discontinuation of Treatment or Study

Patient ID __ __ - __ **ID** __ - __ __ __

Date Form Completed: **DFCDATE**

Instruction: *Complete this form when the patient prematurely discontinues study medication, study participation or both.*

1. Time period: ₁ ☐ Treatment   ₂ ☐ Follow-up   **TIMEP**

2. Is this a discontinuation in study medication and/or study participation? *(check all that apply)*

   ☐ Study medication (complete Section I) **SMED**

   ☐ Study participation (complete Section II) **SPART**

SECTION I: STUDY MEDICATION

1. Reason(s) for discontinuing study medication(s) *(check all that apply)*:

   ☐ Withdrawal of informed consent **RMWCONS**   ☐ Hypersensitivity reaction **RMHYPS**

   ☐ Neutropenia **RMNEUT**   ☐ Pulmonary function impairment **RMPF**

   ☐ Hepatic decompensation **RMHDC**   ☐ Anemia **RMANEM**

   ☐ Autoimmune hepatitis **RMAUTO**   ☐ Renal function impairment **RMRF**

   ☐ Pregnancy **RMPREG**   ☐ Ophthalmologic disorder **RMOPH**

   ☐ Psoriatic lesion **RMPSOR**   ☐ Mitochondrial toxicity **RMMIT**

   ☐ Hypoglycemia, hyperglycemia or diabetes mellitus **RMDIAB**   ☐ Grade IV toxicity **RMTOX4**

   ☐ Thyroid disorder/dysfunction **RMTHYD**   ☐ Virological non-response **RMVNRSP**

   ☐ Decrease in bone mineral density **RMBONE**   ☐ Partial virological response **RMPVRSP**

   ☐ Depression or other psychiatric or mood disorder **RMPSY**   ☐ Virological breakthrough **RMVBRK**

   ☐ Adverse event other than those listed **RMAE**, specify _____**RMAES**_____

   ☐ Investigator discretion **RMINV**, explain _____**RMINVS**_____

2. Date of last dose of tenofovir *(mm/dd/yy)*:   **LDTM** / **LDTD** / **LDTY**

3. Date of last dose of peginterferon *(mm/dd/yy)*:   **LDPM** / **LDPD** / **LDPY**

SECTION II: STUDY PARTICIPATION

1. Reason(s) for discontinuing study participation *(check all that apply)*:

   ☐ Patient lost to follow-up **RSLFUP**

   ☐ Withdrawal of informed consent **RSWCONS**

   ☐ Patient on alternate therapy for HBV **RSHBVTX**

   ☐ Investigator discretion **RSINV**, explain _____**RSINVS**_____

   ☐ Other **RSOTH**, specify _____**RSOTHS**_____

2. Date of withdrawal (or date considered to be withdrawn) *(mm/dd/yy)*: **WDM** / **WDD**/ **WDY**

3. Date of last contact *(mm/dd/yy)*:   **LCM** / **LCD** / **LCY**