

Patient ID: \_\_\_\_\_  
 Patient Initials: \_\_\_\_\_  
 Clinical Center: \_\_\_\_\_  
 Contact Week: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year  
 RC ID: \_\_\_\_\_

(Research Coordinator completed when patient stops taking the study medication AND at the week 24 visit.)

**1. Which stop point does the clinic staff feel the patient has reached? (Check only one)**

- <sub>1</sub> Completed the study and will NOT continue in post-treatment follow-up period.
- <sub>2</sub> Completed the study and WILL CONTINUE in post-treatment follow-up period (receiving masked study drug).  
*(Do not complete question #2 or #3 on this form.)*
- <sub>3</sub> Use of unacceptable concomitant medication and recorded on Medication Diary Record (DIARYREC) as MED # \_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year  
*Please specify:* \_\_\_\_\_
- <sub>4</sub> Positive pregnancy test (Indicate date of test): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year
- <sub>5</sub> Two consecutive abnormal LFT tests (2.5 x ULN) OR two consecutive blood coagulation tests outside the institution's limits of normal as defined in the protocol. (Indicate date of tests below) (Must be recorded on Lab Results form)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year      month      day      year
- <sub>6</sub> Adverse event as determined by P.I. and recorded on AE/SAE form as AE # \_\_\_\_  
Date of Onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year  
*Please specify:* \_\_\_\_\_
- <sub>7</sub> Transfer to another clinical site (complete Patient Transfer form)
- <sub>8</sub> Patient dissatisfied with treatment  
*Please specify:* \_\_\_\_\_
- <sub>9</sub> Patient no longer interested in participating (for reasons other than treatment)  
*Please specify reason:* \_\_\_\_\_
- <sub>10</sub> Other  
*Please specify reason:* \_\_\_\_\_

**2. Date patient received final dose of white study medication:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year

**3. Date patient received final dose of green study medication:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year

